



DAVIESS COUNTY HEALTH DEPARTMENT

303 East Hefron Street, Washington, Indiana 47501

Phone: (812) 254-8674 Fax: (812) 254-8643

Requirements For Onsite Sewage System Permit Issuance And Final Inspection

A Permit must be obtained from the Health Department before any construction starts at a site that will use an onsite sewage system.

- Application
 - Property owner or agent must complete & sign an Application
 - The non-refundable Application fee must be paid at time of application.
- Soils Evaluation Report
 - Must be done by a Certified Soil Scientist *-list provided-* Property Owner must have someone present when Soil Scientist comes. The Soil Scientist sends copies of the report to the property owner or owner's designee and to the Health Department.

PROTECT THE SITE. THE SEPTIC SYSTEM MUST GO WHERE THE SOIL SCIENTIST MADE THE BORINGS. **YOU CAN MOW OR BUSHHOG, BUT NOTHING MORE.** DO NOT ALLOW ANYONE TO DIG, SCRAPE, REMOVE ANY STUMPS, OR OTHERWISE DISTURB THE SITE.
IDEAL PROTECTION IS A SNOW-FENCE OR METAL FENCE POSTS WITH BOTH YELLOW TAPE AND ROPE

- SOIL EVALUATION REVIEW SHEET
 - Issued by Health Department to Property Owner or designee
 - *Property Owner Gives REVIEW SHEET to the Certified Installer—list provided—who will design the Septic System*
- Plan Submittal by Certified Installer *—list provided—*
 - Drawing, Materials & Design Packet, Final Cover Agreement, etc. will be submitted
 - The system components must be marked at the location (flags, paint, stakes, etc.)
 - Health Department staff will come to the site at the request of installer or property owner when system has been marked for pre-approval.
 - Elevations will be checked, perimeter drain outlets will be inspected and separation distances will be measured
 - Final Cover Responsibility must be submitted.
 - If any portion of system goes off property, recorded easement must be in permit file.
- Plan Approval
 - If field layout and plan submittal meet requirements, plans will be approved by Health Dept.
- Permit Issuance
 - The non-refundable permit fee must be paid before a permit can be issued.
 - Permit will be issued by the Health Department when all requirements are met.
- Construction
 - Installer must notify Health Department 24 hours before beginning excavation.
- Final Inspections
 - Installer must notify Health Department 48 hours before covering system
 - Elevations will be checked
 - Measurements will be taken
 - Everything must be located where initially placed for pre-approval.
 - All components must be inspected



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 Washington, Indiana 47501
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APPLICATION FOR ONSITE SEWAGE SYSTEM PERMIT

- NEW SYSTEM REPAIR EXPANSION
 RE-CONNECTION REPLACEMENT

Please complete the information on this page:

Owner's Name _____ Phone _____

Owner's mailing address _____

City _____ State _____ Zip Code _____

Site Address: _____
 (If there is not an address #, PLEASE GIVE ROAD NAME)
 City _____ State _____ Zip Code _____

DIRECTIONS to site. (THIS SECTION **MUST** BE COMPLETED **IF** SITE HAS NO 911 ADDRESS)

Nearest crossroads: _____ **Distance to property:** _____

Nearest mailbox number: _____ **Distance to property:** _____

Landmarks noticeable from road (i.e. buildings, ponds, etc.) _____

PLEASE PROVIDE US WITH A LEGAL DESCRIPTION FOR THIS PIECE OF PROPERTY IF KNOWN.

Parcel # _____ T# _____ N _____ R # _____ W _____ Section # _____ Township _____

NUMBER OF ACRES _____ Water Supply: CITY COUNTY Well Spring Other: _____

NUMBER OF BEDROOMS _____ NUMBER OF BATHROOMS _____ NUMBER OF PEOPLE IN HOME _____

NUMBER OF 125 GAL & OVER BATHTUBS (*whirlpool, two-person, ect*) _____ EST. SQ. FOOTAGE OF HOUSE _____

Plumbed Outbuildings: YES NO Garbage Disposal: YES NO Water Softener: YES NO

Is there a specific type of system you would prefer to install, if possible? (i.e. Sand Mound, Gravel, Sand-lined, etc.)

Name of installer (if known): _____

Name of builder (if known): _____

\$25 non-refundable application fee is due at the time this form is submitted.

\$75 non-refundable permit fee is required before a permit can be issued.

I hereby certify that, to the best of my knowledge, information on this sheet is correct. In addition, the water supply and sewage facilities for this building will be installed strictly in accordance with all provisions of Indiana State Law 410 IAC 6-8.3, and with the Daviess County Sewage Disposal Ordinance, No. 2013-3.

Applicant's Signature _____ Date _____

LOCAL SOIL SCIENTISTS

Steven L. Wade
289 B Street N.W.
Linton, IN 47441-1739
(812) 847-8142

Jack Coulter
5426 S 650 W
French Lick, IN 47432
(812) 525-1896

Robert C. Jones
P.O. Box 31
Carlisle, IN 47838-0031
(812) 236-4358

Lambda Mort
6496 S. Doans Rd
Bloomfield, IN 47424
(812) 699-2872

Randy E. Staley
71 W 650 S
Clay City, IN 47841-9681
(800) 773-3250
(812) 236-6132

DCHD CERTIFIED SEPTIC SYSTEM INSTALLERS

Name	Last Name	Address	City	State	Zip	Phone #	CERTIFICATION
John	Albrecht	2109 E 300 S	Washington	IN	47501	(812) 486-5719	NGF, PAFD, ATL
Colby	Black	11204 E. Lucky Point Rd.	Wheatland	IN	47597	(812) 743-2604	NGF, PAFD, SM, PRSB
Larry	Cardinal	P.O. Box 152	Bruceville	IN	47516	(812) 291-0697	ATL
J. Aaron	Crockett	P.O. Box 856	Vincennes	IN	47591	(812) 882-3572	PRSB
Larry	Diener	9629 N 875 E	Odon	IN	47562	(812) 486-7328	NGF, PAFD, ATL, PRSB
Alva	Graber	11350 E. CR 1125 N.	Odon	IN	47562	(812) 259-5674	NGF, PAFD, SM, PRSB
Lester J.	Graber	9638 E. CR 1200 N.	Odon	IN	47562	(812) 257-4411	NGF, PAFD, SM, PRSB, ATL
Perry	Graber	10819 Brooks House	Loogootee	IN	47553	(812) 295-2982	NGF, PAFD, SM, PRSB
Brett	Gress	15993 S. CR 125 E.	Washington	IN	47501	(812) 254-5377	NGF, PAFD, SM, PRSB
Dan	Gress	200 Tharp	Washington	IN	47501	(812) 254-0330	NGF, PAFD, SM,
Rex	Gress	107 Belle Terre Drive	Washington	IN	47501	(812) 254-5377	NGF, PAFD, SM, PRSB, CI
Todd	Gress	811 Hwy. 257 South	Washington	IN	47501	(812) 254-5377	NGF, PAFD, SM, PRSB
Scott	Kempf	2873 E. 600 S.	Huntingburg	IN	47542	(812) 630-4046	NGF, PAFD, SM, PRSB
Abner	Knepp	5298 N. 650 E.	Montgomery	IN	47558	(812) 486-2865	NGF, PAFD, SM, PRSB, ATL
Gary L.	Knepp	1877 N. CR 900 E.	Cannelburg	IN	47519	(812) 486-8038	NGF, PAFD, PRSB, ATL
Walter	Lowder	P.O. Box 376	Bloomfield	IN	47424	(812) 384-2102	NGF, PAFD, PRSB, ATL
Don	McCullough	270 W. CR 600 N.	Washington	IN	47501	(812) 259-0168	NGF, PAFD, SM, PRSB, ATL
Donnie	McCullough	12214 E. CR 1200 N.	Odon	IN	47562	(812) 636-8362	NGF, PAFD, SM, ATL
Robert	McGuire	P.O. Box 831	Washington	IN	47501	(812) 254-0330	NGF, PAFD, SM, PRSB, ATL
Walt	Rinderle	2814 N Church Rd	Vincennes	IN	47591	(812) 887-1473	CI
Sam	Yoder	10947 E 250 S	Loogootee	IN	47553	(812) 486-8365	PRSB

KEY

PAFD Pump Assist Flood Dose
SPS SubSurf. Pressure System
NGF Natural Gravity Flow
SM Sand Mound
GSF Geotextile Sand Filter ®
PRSB Presby EnviroSeptic ®
ATL Infiltrator ®
CI Certified Inspector