

Residential Onsite Waste Water Disposal (Septic) System APPLICATION

1. Complete the enclosed application and return original along with:
 - a. Scale site plan drawing showing the location of all existing and proposed features
 - b. Soils report from a certified soils scientist
 - c. Permit fee
 - 1) **New Trench** System - \$125.00
 - 2) **New Mound** System - \$200.00
 - 3) **Repair Trench** System - \$110.00
 - 4) **Repair Mound** System- \$185.00

2. Return application to: Lake County Health Department
2900 W. 93rd Avenue
Crown Point, IN 46307

3. Questions: (219) 755-3655

RESIDENTIAL PERMIT APPLICATION
for
Construction of an Onsite Waste Water Disposal System

NEW

REPAIR

Applicant (Property Owner) _____ Phone (____) _____
Present Address _____

SITE DESCRIPTION

Street Address _____ Township _____
Subdivision _____ Lot No. ____ Parcel No. _____
Travel directions from Crown Point to site _____

PROPOSED USE

Public Water Private Well Well Motor Submersible
 Single Family Duplex Fourplex
Total # of Bedrooms: 1 2 3 4 5 6 8
 Basement: ALL SEWAGE GENERATED BELOW GRADE (ie: TOILETS, WASHING MACHINES, LAUNDRY TUBS, ETC.) MUST ALSO BE DISCHARGED INTO THE ONSITE WASTE WATER DISPOSAL SYSTEM. Sump pump discharge of surface water should not be directed into the area of the septic system.

Has the installation area been disturbed or altered? No.
If yes, explain: _____

A SCALE DRAWING MUST BE ATTACHED AND CONTAIN THE FOLLOWING ITEMS:
1. Slope and slope aspect
2. Surface drainage characteristics and patterns including swales, ditches and streams
3. Proposed or existing location of house and well
4. Location of other major features or structures
5. Location of soils evaluation sites performed by a soils scientist and appropriate soils boundaries
6. Topographic position of site

Has an onsite soils analysis been performed by a qualified soils scientist? Yes (attach report)

Has a LCHD staff member conducted a pre-construction onsite evaluation? Yes
Date and LCHD staff members name: _____

WASTE WATER DISPOSAL SYSTEM RECOMMENDED FOR THIS SITE

The following installation must comply with 410 IAC 6-8.3 and Lake County Board of Health Rule 90-1.

- Subsurface Gravity Feed Trickle Flow System
- Subsurface Gravity Feed Flood Dosed System
- Subsurface Gravity Feed Alternating Field System
- Subsurface Pressure Distribution System
- Elevated Sand Mound System

SEPTIC TANK

Septic Tank Capacity _____ (gallons). (The septic tank must have a gas deflection baffle and fitted with a minimum 8" diameter access port extending to the finished grade surface).

PUMP CHAMBER

Pump Chamber Capacity _____ (gallons). Pump Discharge / Dose _____ (gallons).

Pump Discharge Rate / Minute into the System _____ (gallons).

Location of Pump Alarm Box _____
(Pumping chamber must have access port and pump must be fitted with break-away flanges and lifting chains. Control switches must be mercury float type and electrical connections shall not be located in chamber).

ABSORPTION TRENCHES

Subsurface Absorption Trenches: Total Length _____ (feet) Width _____ (inches)

MOUND

Mound Bed Width _____ (feet) Mound Bed Length _____ (feet)

Mound Basal Length _____ (feet) Mound Basal Width _____ (feet)

LATERAL PRESSURE PIPE

Lateral Pressure Pipe Spacing _____ (inches) Number of Lateral Pressure Pipes _____

Individual Lateral Pressure Pipe Length _____ (feet) Total Length of Lateral Pressure Pipe _____ (ft.)

Lateral Pressure Pipe Diameter _____ (inches) Pressure Manifold Diameter _____ (inches)

WELL

DISTANCE TO THE NEAREST NEIGHBORS WELL _____ (feet)

If the installation site is disturbed or altered after the onsite evaluation (other than the construction necessary for the residential sewage system) no construction of the proposed system may take place until a new evaluation has been conducted and a modified permit has been issued.

Subsurface soil absorption systems shall not be constructed when the soil is sufficiently wet so as to exceed its plastic limit. Excessive smearing of the usable absorption trench side walls or bottom during construction may result in irreversible damage to the soil infiltrate surface and may be grounds for rejection of the site and/or system.

Special caution must be taken to prevent wheeled and track vehicles from compacting the area selected for placement of the absorption system before, during and after construction of the system.

Approval by the Lake County Health Department of plans for this proposed onsite waste water disposal system is not a written guarantee that the system will provide trouble free service, be installed, maintained and/or used properly or decrease the possibility of failure.

ANY CHANGE OF SITE PLAN REQUIRES RESUBMISSION BEFORE INSTALLATION

THE PERMIT ISSUED DUE TO APPROVAL OF THIS APPLICATION EXPIRES AFTER ONE YEAR

I certify that this planned onsite sewage disposal system complies with the Lake County Board of Health Rule 90-1 and 410 IAC 6-8.3. I further certify that to the best of my knowledge, the above information is correct and that the sewage disposal facilities for this residence will be installed strictly as outlined in this report and that I will notify the Lake County Health Department when the system is completed and before it is covered.

I, _____, certify that I will build a _____ bedroom home at the described location.

(Signature of Owner or Agent)

(SEAL)

Subscribed and sworn before me this _____ day of _____ 20____

Commission Expires _____ Notary Public _____

APPLICATION APPROVAL

The proposed onsite sewage disposal system in this application is hereby

approved on this date _____
(Health Department Official)

SITE INSPECTION APPROVAL

I certify that I have inspected the constructed onsite sewage disposal system and found it to be satisfactory

this date _____
(Health Department Official)