Brown County Health Department

Standard Operating Procedures
Septic

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Article I: Permits

The following documents, on the appropriate forms, are required prior to issuance of a septic permit.

1. Application/Affidavit
2. Warranty Deed
3. Complete Set Floor Plans including Elevation
4. Plot Plan of Site
5. Contractors Septic System Design Drawing which must contain:
    a. North indicator
    b. Location of house and any other structures
    c. Ponds, lakes, streams, ditches
    d. Driveway and trees greater than 12" in diameter
    e. Existing grade elevation
    f. Distance to property boundaries
    g. Soil boring location
    h. Water line/well
    i. If the system design is required to be a pump system, a pump curve chart must be submitted for review.
6. EHS Site Evaluation which must contain:
    a. Date
    b. Site Location
    c. Contractor
    d. Description of site: general, slope, contour
    e. Notes on recommendations or of unusual condition, if needed
    f. An EHS site diagram/drawing, oriented toward North, of the proposed absorption field as laid out and flagged by contractor as it relates to the entire plot
7. If applicable, 100 year flood elevation determination

After all required documentation and on-site work has been completed, reviewed, approved by EHS and verified that ISDH 410 IAC 6-8.1 is met, the permit will be issued to the homeowner or homeowner representative for the appropriate fee.

Note: If the permit issuance is denied, an appeal may be filed under procedures outlined in *Article XI Administrative Appeals*.

BROWN COUNTY HEALTH DEPARTMENT

Steps on how to obtain a septic permit

NOTE: All documents submitted to the health department must be under the property owner's name.

All required documents must be submitted on a maximum 8 ½ x 14" paper.

The health department will provide you with a list of soil scientists and Brown County certified septic installers.

1. Contact a registered soil scientist to obtain a soil analysis of your property.
2. The soil scientist provides a copy of the soil analysis to the health department.
3. The health department creates a spec sheet based on the soil analysis. (This takes 1-2 business days.)
4. Call the health department (812-988-2255) for a copy of the spec sheet. You will use the spec sheet to get quotes from septic installers.

Once you've chosen a septic installer, provide the following documents to the health department to apply for a permit:

____ **Application/Bedroom Affidavit** (Completed, signed and dated by the property owner)

____ **House plans** that show bedrooms, baths, kitchen, etc.

____ **Elevations** of the house showing number of stories, basement, etc.

____ **Property deed** (This is at the recorder's office)

____ **Plot plan** (This is at the surveyor's office)

____ A **layout (drawing) of your septic system** provided by your septic installer**.**

Allow approximately 1 to 2 days for the documents to be reviewed by EHS. Once approved by EHS, you may obtain a septic permit. Call the office and ask the front office personnel if it is ready to be permitted.

The cost of a permit is $150 for pipe/gravel and $250 for Presby or mound. Permits are good for one year.

If you believe your septic system is in need of repair, you will still need to contact a septic installer to find out if your system can be repaired or needs to be replaced.

Article II: Installation

All proposed septic sites need to be protected from traffic and compaction.

If weather or soil conditions prohibits, a waiver to start construction may be issued by the Brown County Health Department to start the construction process before the septic is installed.

The minimum septic tank gallonage is 1,000 gallons.

4” sewer lines are to have a minimum positive slope of 1.3% and a maximum positive slope of 12%.

6” sewer lines are to have a minimum positive slope of .6% and a maximum positive slope of 12%.

All soil investigation bores are to be in the proposed septic site. If any of the bores are out of the proposed septic site, the site will not be approved.

The 5’ of non-perforated pipe at the beginning of each trench is required to prevent run back into the manifold ditch.

Asphalt coated distribution boxes are required for all systems unless the box is poly. Speed levelers will not be required if the box is used for volume reduction only.

All perimeter drains will be inspected to comply 410 IAC 6-8.3

If extenuating circumstances becomes apparent on any repair situation, the Brown County Health Officer will review the situation and offer the needed guidance.

Article III: Repair or Replace Existing Onsite Sewage (Septic) Systems

Some septic systems are installed very shallow, and some are even constructed at ground level and can be damaged very easily.

Landscape plans close to the septic field need to be submitted to the Brown County Department of Health so that we may assist in the placement or excavation so the septic will not be encroached upon.

All septic repairs need to be performed by a Brown County registered installer.

If the septic work is being performed at the tank, a permit might be required. Check with the Brown Department of Health before starting any septic work.

All septic work performed after (behind) the tank will require a permit.

The department will review all options and scenarios with the installer and home owner to try and find a solution for the situation as defined in 410 IAC 6-8.3-53(i).

When another area is available for repair of the septic, a sand lined system may be able to be installed where the existing system is installed if approved and permitted.

The sand lined system must be installed as the manufacturer recommends. No deviation from the manufacturer specifications will be allowed.

Septic failure is clearly defined in 410 IAC6-8.3-33.

Article IV: Technology

This article is septic technology that is new to Indiana and is referred to as TNI.

All Indiana State Department of Health TNI is listed on the state web site at in.gov/isdh/23262.htm.

All TNI has to be engineered and approved by ISDH.

The installer that is installing the TNI has to be certified by the product Manufacturer.

All other Brown County and ISDH installation procedures must be followed.

If drip irrigation is being installed the document Indiana Standards for Subsurface Drip Systems, dated December 1, 2009 must be followed.

Article V: Installation Inspections

Complete the Backfill Inspection Report for gravity, flood, dose, mound, sub-surface sand or elevated sand lined systems.

Gravity Systems

The following procedures are to be followed and adherence to state and local codes documented when inspecting gravity fed systems. Inspection findings must be documented on an inspection form at the time of inspection.

1. The plastic limit of the soil is to be checked to ensure the system is installed under proper soil conditions.
2. Measurement from the home or home site to the septic tank must be taken and documented on the inspection form to ensure proper set back distances have been met and to simplify locating the tank in the future. The septic tank is to be inspected for proper baffles, gas deflector and filter if present. The inlet and outlet connections must be water tight. The septic tank must have a gas tight riser. Measure distance from tank to distribution box. Document findings on inspection form.
3. The distribution box or boxes are to be inspected to ensure it is watertight. The inlet pipe should be one inch higher than the outlet pipes. Using a torpedo level ensure the box is installed level. If speed levelers are used, verify calibration with water so each trench receives an equal amount of effluent.
4. Inspect the pipe leaving the distribution box going to the header trench. Ensure all pipes have positive fall. If in doubt, confirm fall with the torpedo level. Document, on the inspection form, the type of pipe and ensure the pipe meets state code 410 IAC 6-8.1.
5. Ensure pipe going into lateral lines measures at least 7 1/2 feet on center per state code and have 5 feet of solid pipe to prevent any runback to the manifold.
6. Using a 100 foot tape measure, the trenches are to be measured for length, and width. There is to be no more than 10 feet of difference in the length of the trenches. Using a metal or fiber glass soil probe, measure the depth of the trenches, on the down slope side (if applicable), at least twice along the trench length. The trench depth shall not vary more than 4 inches from the depth required on the permit. Per state code, minimum trench depth is 10 inches maximum is 36 inches, and no trench shall exceed 100 feet in length. The square footage is calculated by multiplying trench width by trench length. Record inspection finding on the inspection form.
7. The pipe in the laterals is to be installed level throughout the length. Using the torpedo level check the beginning, middle and end of the laterals. Brown County Health Department will allow 2 inches of fall in a 100 foot long lateral. The pipe in the lateral must adhere to the

requirements state code 410 IAC 6-8.1 and be documented on the inspection form. All laterals must have end caps.

8. Ensure the proper hole spacing and location. There must be at least 6 inches of aggregate below the pipe and 2 inches of aggregate above the pipe. The aggregate must be free from excessive dust and fines and be 1/2 – 2 1/2 inches in diameter per state code. The top of the aggregate must be covered with geotextile fabric.
9. The perimeter drain, if required, must be installed at the required depth. Measurements must be taken to ensure the drain is no closer than 10 feet to the absorption laterals. The outlet of the perimeter drain must be protected by an animal guard. Document findings on inspection form.
10. A diversion ditch may be required to accommodate runoff if the absorption field is located on a slope reference state code for specific requirements. If required, the diversion ditch must be deep and wide enough to accommodate the amount of run off anticipated. The diversion ditch must maintain positive slope.
11. In the space provided on the inspection form complete a site sketch, oriented North of the installed septic system, include home or home site, existing roads, ponds, streams or ditches, and structures.

Flood Dosed Systems

The following procedures are to be followed and adherence to state and local codes documented when inspecting flood dosed systems. Inspection results must be documented on an inspection form at the time of inspection.

1. The plastic limit of the soil is to be checked to ensure the system is installed under proper soil conditions.
2. The septic tank is to be inspected for proper baffles, gas deflector and filter if present. The inlet and outlet connections must be water tight. The septic tank must have a gas tight riser. Measurement from the home or home site to the tank must be taken and documented on the inspection form to ensure proper set back distances have been met and to simplify locating the tank in the future.
3. The pump chamber must be inspected. The inlet and outlet connections must be water tight. A gas tight riser must be installed. The pump sizing information must be confirmed during inspection to ensure the information submitted is correct and that the proper size pump has been installed. The pump dose must be recorded on the inspection form. If pumping down slope, a ¼ inch deep hole must be drilled into the bottom elbow on the delivery line inside the pump chamber.
4. The delivery line must be of state code compliant pipe and installed so that when the pump shuts off the effluent in the line drains either to the pump chamber or the distribution box. Measure distance from the pump chamber to the distribution box.
5. The distribution box (es) is to be inspected to ensure the inlet and outlet connections are water tight. An elbow or baffle must be installed on the inlet. A ¼ inch hole must be drilled on the topside of the elbow. The inlet pipe should be one inch higher than the outlet pipes. Using a torpedo level ensure the box is installed level. If speed levelers are used, verify calibration with water so each trench receives an equal amount of effluent.
6. Inspect the pipe leaving the distribution box going to the header trench. Document, on the inspection form, the type of pipe and ensure the pipe meets state code 410 IAC 6-8.1.
7. Ensure pipe going into lateral lines measures at least 7 1/2 feet on center per state code and have 5 feet of solid pipe to prevent runback to manifold.
8. Using a 100 foot tape measure, the trenches are to be measured for length, and width. There is to be no more than 10 feet of difference in the length of the trenches. Using a metal or fiber glass soil probe, measure the depth of the trenches, on the down slope side (if applicable), at least twice along the trench length. The trench depth shall not vary more than 4 inches from the depth required on the permit. Per state code, minimum trench depth is 10 inches maximum is 36 inches, and no trench shall exceed 100 feet in length. The square footage is calculated by multiplying trench width by trench length. Record inspection finding on the inspection form.

9. The pipe in the laterals is to be installed level throughout the length. Using the torpedo level check the beginning, middle and end of the laterals. Brown County Health Department will allow 2 inches of fall in a 100 foot long lateral. The pipe in the lateral must adhere to the requirements state code 410 IAC 6-8.1 and be documented on the inspection form. All laterals must have end caps. Ensure the proper hole spacing and location. There must be at least 6 inches of aggregate below the pipe and 2 inches of aggregate above the pipe. The aggregate must be free from excessive dust and fines and be 1/2 – 2 1/2 inches in diameter per state code. The top of the aggregate must be covered with geotextile fabric.
10. The perimeter drain, if required, must be installed at the required depth. Measurements must be taken to ensure the drain is no closer than 10 feet to the absorption laterals. The outlet of the perimeter drain must be protected by an animal guard. Document findings on inspection form.
11. A diversion ditch may be required to accommodate run off if the absorption field is located on a slope reference state code for specific requirements. If required, the diversion ditch must be deep and wide enough to accommodate the amount of runoff anticipated. The diversion ditch must maintain positive slope.
12. In the space provided on the inspection form complete a site sketch, oriented North of the installed septic system, include home or home site, existing roads, ponds, streams or ditches, and structures.

Mound Systems

The following procedures are to be followed and adherence to state and local codes documented when inspecting elevated mound systems. Inspection results must be documented on an inspection form at the time of inspection.

1. A certified engineer design plan is required for all mound systems unless otherwise approved. Prior to beginning construction a consultation with the system contractor to determine an inspection schedule would be helpful.
2. The plow layer or lift and drop area is to be inspected to ensure the furrow depth is 6-8 inches. The ground must be plowed following the contour of the land. If a chisel plow is used, two passes must be made. The only plow types approved are mold bore plow and a chisel plow. The plowed area must be large enough to accommodate the required square footage of the absorption area.
3. The sand or aggregate bed must be inspected and measured to ensure it is uniformly level and of the correct dimensions. Using a probe ensure the aggregate measures 6 inches below the pipe and 2 inches above the pipe. Using a level torpedo level, in at least three locations along the length, ensure the laterals are level. If questionable confirm with the laser level. The installed lateral length shall be as engineer designed but not to exceed 50 feet in length. End caps must have a ¼ inch hole in the 12 o'clock position.
4. The septic tank is to be inspected for proper baffles, gas deflector and filter if present. The inlet and outlet connections must be water tight. The septic tank must have a gas tight riser. Measurement from the home or home site to the tank must be taken and documented on the inspection form to ensure proper set back distances have been met and to simplify locating the tank in the future.
5. The pump chamber must be inspected. The inlet and outlet connections must be water tight. A gas tight riser must be installed. The pump sizing information must be confirmed during inspection to ensure the information submitted is correct and that the proper size pump has been installed. The pump dose must be recorded on the inspection form. If pumping down slope, a ¼ inch weep hole must be drilled into the bottom elbow on the delivery line inside the pump chamber.
6. The delivery line and manifold pipe must meet state code and be properly sized. The delivery line must be installed so that when the pump shuts off the effluent in the line drains either to the pump chamber or the manifold.
7. The perimeter drain, if required, must be installed at the required depth. Measurements must be taken to ensure the drain is no closer than 10 feet to the plow layer. The outlet of the perimeter drain must be protected by an animal guard.
8. Using a probe, the EHS must ensure proper fill has been applied and graded in a manner that promotes water runoff. The toe slope must be graded at the proper 3:1 (3 inches per 1 foot) ratio. The system must be seeded and strawed or sod applied to prevent erosion.

Subsurface Sand Lined Systems

The following procedures are to be followed and adherence to state and local codes documented when inspecting subsurface sand lined systems. Inspection results must be documented on an inspection form at the time of inspection.

1. The plastic limit of the soil is to be checked to ensure the system is installed under proper soil conditions.
2. The septic tank is to be inspected for proper baffles, gas deflector and filter if present. The inlet and outlet connections must be water tight. The septic tank must have a gas tight riser. The septic tank must be installed level. This will be verified with a laser. Measurement from the home or home site to the tank must be taken and documented on the inspection form to ensure proper set back distances have been met and to simplify locating the tank in the future.
3. If required the pump chamber must be inspected. The pump chamber must be installed level. This will be verified with a laser. The inlet and outlet connections must be water tight. A gas tight riser must be installed. The pump sizing information must be confirmed during inspection to ensure the information submitted is correct and that the proper size pump has been installed. The pump dose must be recorded on the inspection form. If pumping down slope, a ¼ inch weep hole must be drilled into the bottom elbow on the delivery line inside the pump chamber.
4. If required the distribution box (velocity reducer) is to be inspected to ensure water tightness. The inlet pipe is to be one inch higher than the outlet pipe. Using a torpedo level or laser ensure the box is installed level.
5. All trees, shrubs and debris must be removed at least ten feet from bed area.
6. Inspect the pipe leaving the distribution box. Ensure the pipe has positive fall. If in doubt, confirm fall with a torpedo level or laser.
7. Using a 100 foot tape measure, the length, width and depth of the bed is to be measured and is to match the specification sheet. The bottom of bed is to be fluffed, not slick.
8. Six inches of sand (Indiana DOT spec 23 sand only) is to be placed and leveled across the bed bottom.
9. Piping installed as per manufacturers guidelines.(on contour + / – ½ inch)
10. Three to six inches of sand is to be placed over the piping.
11. Four inch raised connections are to be installed as per manufactures guidelines
12. Observation port to be installed as per manufacturers guidelines.
13. Low air vent is to be installed as per manufacturers' guidelines.
14. High vent if applicable is to be installed as per manufacturers' guidelines. (10'verticle separation between low and high vent)
15. Six to nine inches of soil is to place over the system. Total material over the pipes shall be a minimum of twelve inches, crowned to promote rain run-off. System side slope tapers shall be no greater than 3 horizontal feet for each one foot of vertical drop. (3 to 1 slope).
16. Soils are to be placed only with a low ground pressure trac machine or a shooter truck.
17. All areas associated with the SLS installation shall be finish graded, fertilized, seeded and strawed.

Subsurface Drainage

1. Perimeter drains are to be installed around the entire perimeter of a sand lined system and an elevated sand mound system.
2. The drains shall have a separation of ten feet from the septic bed or basil area.
3. Segment drains are to be used in multiple bed side by side configuration systems at a twenty foot separation plus the drain width.
4. Curtain or interceptor drains are to be installed above a gravity or flood dose systems.
5. The drains shall have a separation of ten feet from the upslope lateral line ditch.
6. The drain shall be a minimum width of six inches.
7. The drain depth shall be determined by the Brown County Department of Health depending on the limiting layer, fragic characteristics, and seasonal high water table.
8. The drains shall be installed with a minimum of (.02ft per 100ft) slope towards drain outlet.
9. A minimum of a four inch perforated piping shall be used in the trench bottom.
10. #8 to #11 stone, rock or Indiana DOT 23 sand shall be used as the media.
11. Media shall be filled to within six inches of the A horizon.
12. If the media is held at six inches of the A Horizon fabric must be used between the media and the soil.

Elevated Sand Lined Systems

The following procedures are to be followed in adherence to state and local codes documented when inspecting subsurface sand lined systems. Inspection results must be documented on an inspection form at the time of inspection.

1. The plastic limit of the soil is to be checked to ensure the system is installed under proper soil conditions.
2. The septic tank is to be inspected for proper baffles, gas deflector and filter if present. The inlet and outlet connections must be water tight. The septic tank must have a gas tight riser. The septic tank must be installed level. This will be verified with a laser. Measurement from the home or home site to the tank must be taken and documented on the inspection form to ensure proper set back distances have been met and to simplify locating the tank in the future.
3. If required the pump chamber must be inspected. The pump chamber must be installed level. This will be verified with a laser. The inlet and outlet connections must be water tight. A gas tight riser must be installed. The pump sizing information must be confirmed during inspection to ensure the information submitted is correct and that the proper size pump has been installed. The pump dose must be recorded on the inspection form. If pumping down slope, a ¼ inch weep hole must be drilled into the bottom elbow on the delivery line inside the pump chamber.
4. All trees, shrubs and debris must be removed at least 10 feet from bed area.
5. The distribution box (velocity reducer) is to be inspected to ensure water tightness. The inlet pipe is to be one inch higher than the outlet pipe. Using a torpedo level or laser ensure the box is installed level.
6. Inspect the pipe leaving the distribution box (velocity reducer). Ensure the pipe has positive fall. If in doubt, confirm fall with a torpedo level or laser.
7. Chisel plow or rip bed area parallel to the contour of the site.
8. Using a 100 foot tape measure, the length, width and depth of the bed is to be measured and is to match the specification sheet. The bottom of bed is to be fluffed, not slick.
9. Twelve inches of sand (Indiana DOT spec 23 sand only) is to be placed and leveled across the ripped bed site.
10. Piping installed as per manufacturers guidelines.(on contour + / – ½ inch)
11. Three to six inches of sand is to be placed over the piping.
12. Four inch raised connections are to be installed as per manufactures guidelines
13. Observation port to be installed as per manufacturers guidelines.
14. Low air vent is to be installed as per manufacturers' guidelines.
15. High vent if applicable is to be installed as per manufacturers' guidelines. (10'verticle separation between low and high vent)
16. Six to nine inches of soil is to place over the system. Total material over piping shall be a minimum of twelve inches, crowned to promote rain run-off. System side slope tapers shall be no greater than 3 horizontal feet for each one foot of vertical drop. (3 to 1 slope).
17. Soils are to be placed only with a low ground pressure trac machine or a shooter truck.
18. All areas within the SLS installation shall be finish graded, fertilized, seeded and strawed.

SANDLINED SEPTIC SYSTEM

BACKFILL INSPECTION FORM

Date: _____ **Card #:** _____

Property Owner: _____ **Permit #:** _____

Site Address: _____

Contractor: _____

System Type: *Presby* *GEO-flow* *Subsurface* *Elevated*

SEPTIC TANK **Circle one:** *New* *Existing*

Type: *Cement* *Plastic* *Other:* _____

Manufacturer: *Shelby* *Sexton/Wilbert* *Other:* _____

Size: *1000* *1250* *1500* *Other:* _____

Distance from house: _____ **Fall from house to tank:** *Y* *N*

Fall from tank: *Y* *N*

PUMP TANK **Required?** *Y* *N*

Pump Brand: Zoeller **Other:** _____ **Model:** _____ **Dose:** _____

NEMA 4X? *Y* *N*

DISTRIBUTION BOX **Required?** *Y* *N*

Type: *Cement* *Plastic* *Other:* _____ **5' from bed?** *Y* *N*

Baffle end max. 2" from bottom? *Y* *N* **Fall from d-box** *(if gravity flow)***?** *Y* *N*

PERIMETER DRAIN

Trench depth: _____

Geotextile fabric?	***Y***	***N***	**Piping installed?**	***Y***	***N***
Gravel <6" from grade?	***Y***	***N***	**5' solid pipe at exit?**	***Y***	***N***
Fall toward exit?	***Y***	***N***	**Rodent guard?**	**Y**	***N***

SPECIFICATIONS

Bed size required: _____ Bed Size: _____ # of beds: _____

Bed depth required: _____ Bed depth: _____ # of lines: 1 2 3 __

Smeared bed?	***Y***	***N***	**10' between low and high vent?**	***Y***	***N***
Low vent w/ guard?	***Y***	***N***	**High vent (if required) w/ guard?**	***Y***	***N***
Base sand depth 6" (subsurface) or 12" (elevated)?				***Y***	***N***
Sand over pipe 6"?	***Y***	***N***	**Soil cover 6-12"?**	***Y***	***N***
Observation port:	***Y***	***N***	**Connector level with top of pipe?**	***Y***	***N***

FINAL INSPECTION:

Seeded & Strawed?	***Y***	***N***	**Permit Signed?**	***Y***	***N***

Comments: _____

_____

_____

_____

APPROVED _____ NOT APPROVED _____

INSPECTED BY: _____ DATE: _____

TRENCH SEPTIC SYSTEM

BACKFILL INSPECTION FORM

Date: _____ **Card #:** _____

Property Owner: _____ **Permit #:** _____

Site Address: _____

Contractor: _____

System type: *Gravity* *Area Dosing* *Pressure Dist.* *Chambers* _____

SEPTIC TANK New or Existing

Type: *Cement* *Plastic* *Other:* _____

Manufacturer: *Shelby* *Hudson* *Other:* _____

Size: *1000* *1250* *1500* *Other:* _____

Distance from house: _____ **Filter:** *Y* *N*

Fall from house to tank: *Y* *N* **Fall from tank:** *Y* *N*

PUMP TANK

Pump Brand: Zoeller **Other:** _____ **Model:** _____

Dose: _____ **NEMA 4X?** *Y* *N*

DISTRIBUTION BOX

Type: *Cement* *Plastic* *Other:* _____ **Holes:** *6* *8* ___

Is it level? *Y* *N* **Speed levelers w/ water?** *Y* *N*

Baffle? *Y* *N* **Is baffle end max. 2" from bottom?** *Y* *N*

5' from trench? *Y* *N* **Is baffle top at least 1" from lid?** *Y* *N*

Fall from distribution box? *Y* *N*

If gravity flow:

TRENCHES

Trench depth: _____ Trench length: _____ Trench width: _____

Distance between trench centers? _____ Number of trenches: _____

5' solid pipes at beginning? *Y* *N* Trenches smeared? *Y* *N*

End caps? *Y* *N*

FOR GRAVEL TRENCHES:

Perf pipe holes at 4, 8 (& 12)? *Y* *N* Proper pipe used? *Y* *N*

2" gravel over pipes? *Y* *N* 10" gravel in trenches? *Y* *N*

Clean gravel? *Y* *N* ½" to 2 ½" size gravel? *Y* *N*

SUBSURFACE DRAIN

Trench depth: _____

Piping installed? *Y* *N* Rodent guard? *Y* *N*

Fall toward exit? *Y* *N* Gravel <6" from grade? *Y* *N*

5' solid pipe at exit? *Y* *N* Geotextile fabric? *Y* *N*

FINAL INSPECTION:

Additional cover: ____ inches Seeded & Strawed? *Y* *N*

Permit signed? *Y* *N*

Comments: _____

_____

_____

_____

APPROVED _____ NOT APPROVED _____

INSPECTED BY: _____ DATE: _____

Residential Onsite System Inspection Forms

(To be used for Change of Use or Possible Violation Complaint)

Sand Lined Systems

Property Owner_____

Property Address_____

Inspector Name_____

Inspector certification No._____

Background search

Is there documentation of the system at the health department? Yes____ No____

If yes attach all health department paper work to this document.

If no, a system locate must be performed and drawing of the system must be submitted with this document.

Permit #_____ Installation Date_____

Number of bedrooms on permit _____

Type of system _____

Check all system components

_____ Septic tank _____ Distribution Box

_____ Outlet filter _____ Surface/Subsurface drainage (Perimeter, curtain drain)

_____ Dosing tank _____ Effluent pump

If this system has a secondary treatment device please contact the health department.

If this system is an elevated sand mound, at grade or pressure distribution system, please contact the health department.

Is home currently occupied Yes_____ No_____

If no, date last occupied_____

Number of actual bedrooms_____

Number of jetted tubs with >125 gallon capacity_____

Has home been remodeled or replaced since the system was installed Yes_____ No _____

Are there any leaking fixtures in the home Yes____ No____

Does the home have a water softener Yes____ No____

Is the water softener Plumbed into the septic tank Yes____ No____

If no, where is the point of discharge _____

Does the home have a garbage disposal Yes____ No____

Site and system assessment

Soils wet, moderate or dry_____

Recent weather_____

Has there been any recent digging or excavation on or close to system Yes____ No____

If yes, explain_____

Have all separation distances (setbacks) been met_____

Dye investigation

Introduce the appropriate amount of water and dye for soil conditions and system size

Are there any odors from system or drainage Yes____ No____

If yes, describe source_____

Are there any signs of surfacing effluent within the system Yes____ No____

Are there any wet or soft spots within the system Yes____ No____

Has surface water been properly diverted away from system Yes____ No____

Sewer line assessment

Is there a cleanout on the sewer line Yes____ No____

Is cleanout properly installed and capped Yes____ No____

Does the sewer line appear to be draining properly Yes____ No____

Septic tank assessment

Tank capacity _____

No. Compartments within the tank _____

Tank material _____

Manufacturer_____

Is there a riser and lid to final grade on tank (required on all tanks after (12/21/90)?

Yes____ No____

Is the riser water tight Yes____ No____

Is tank lid safely secured Yes____ No ____

Is there a secondary lid inside the riser (Required on tanks after (7/1/96) Yes____ No____

Is the inlet baffle in place and functional Yes____ No _____

Is the outlet baffle in place and functional Yes____ No _____

Is the outlet gas baffle in place (unless effluent filter is installed) Yes____ No____

Is the effluent at the normal operating level (at the outlet invert) Yes____ No____

If the effluent level is high or low, stop inspection and notify the health department.

Is there any root intrusion inside the tank Yes____ No____

Concrete tank- Is there evidence of corrosion inside the tank Yes____ No____

Poly tank- Is there any deformity of the tank Yes____ No____

With a sludge meter check the following:

Scum layer depth in inches _____

Clear zone in inches_____

Sludge depth in inches _____

Does tank need cleaning _____

Do the inlet and outlet seals appear to be water tight Yes____ No____

Dosing tank

Dose tank capacity _____

Dose tank material_____

Dose tank manufacturer_____

Is dose tank riser to final grade Yes____ No____

Is the riser water tight Yes____ No____

Is the riser lid safely secured Yes____ No ____

Is the riser lid structurally sound Yes____ No____

Is there a secondary safety device inside riser (required on dose tanks after7/1/96)?

Yes_____ No____

Is the effluent in the tank not above float operating range Yes____ No____

Is there any root intrusion inside the tank Yes____ No____

Concrete Tanks – Is there evidence of corrosion inside the tank Yes____ No____

Poly Tanks – Is there any deformation to the tank Yes____ No____

Is the tank cracked Yes____ No____

Do the inlet and outlet seal appear to be water tight Yes____ No ____

Effluent pump

Pump manufacturer _____

Pump model number_____

Is pump functioning _____

Pump amp draw while running _____

Pump voltage _____

Is there an alarm _____

Is the alarm functioning properly Yes____ No____

Is the electrical wiring done in a safe manner Yes____ No ____

Electrical connection Inside of the riser____ Outside of the riser____

Is the alarm and pump on separate breakers Yes____ No____

Is pump submerged at all times Yes____ No ____

Is there a quick disconnect on pressure line Yes____ No____

Is there a weep hole in the vertical of the pressure line Yes____ No_____

Distribution boxes

Is there a distribution box installed in the system Yes____ No ____

If yes, how many_____

Distribution box material_____

Does the distribution box have a baffle Yes____ No____

Does the baffle have a weep hole Yes____ No____

Are there solids in the distribution box Yes____ No____

If concrete, does the distribution box have any corrosion Yes____ No____

Is the distribution box cracked Yes____ No____

Is the water level normal (at invert of manifold lines) Yes____ No____

NOTES

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Absorption Field (Sand Lined)

Does the absorption field match the health department's documentation Yes____ No____

Actual square footage of bed _____

Is there a minimum of twelve inches of cover over the pipes (3"of sand and 9" of soil or 6" of sand and 6" of soil) Yes____ No____

Is the cover crowned to promote surface water runoff Yes____ No____

Is there a low vent with a rodent guard Yes____ No____

If pump assisted is there a high vent with a rodent guard Yes____ No____

Is there an observation port Yes____ No____

If yes, is there effluent in the port, measure, and give the depth of effluent in inches_____

Subsurface Drainage

Is there an upslope swale on the system Yes____ No____

Is there subsurface drainage for the system, describe_____
_____

What is the depth of the drain _____

Is the drain backfilled with aggregate Yes____ No____

Is there a rodent guard at the outlet of the drain Yes____ No____

NOTES

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_____

Residential Onsite System Report

Trench

Property Owner_____

Property Address_____

Inspector Name_____

Inspector certification No._____

Background search

Is there documentation of the system at the health department? Yes____ No____
If yes attach all health department paper work to this document.

If no, a system locate must be performed and drawing of the system must be submitted with this document.

Permit #_____ Installation Date_____

Number of bedrooms on permit _____

Type of system _____

Check all system components

_____ Septic tank _____ Distribution Box

_____ Outlet filter _____ Surface/Subsurface drainage (Perimeter, curtain drain)

_____ Dosing tank _____ Effluent pump

If this system has a secondary treatment device please contact the health department.

If this system is an elevated sand mound, at grade or pressure distribution system, please contact the health department.

Is home currently occupied Yes_____ No_____

If no, date last occupied_____

Number of actual bedrooms_____

Number of jetted tubs with >125 gallon capacity_____

Has home been remodeled or replaced since the system was installed Yes_____ No _____

Are there any leaking fixtures in the home Yes____ No____

Does the home have a water softener Yes____ No____

Is water softener plumbed into septic tank Yes____ No____

If no, where is the point of discharge _____

Does the home have a garbage disposal Yes____ No_____

Site and system assessment

Soils wet, moderate or dry_____

Recent weather_____

Has there been any recent digging or excavation on or close to system Yes____ No____

If yes, explain_____

Have all separation distances (setbacks) been met_____

Dye Investigation

Introduce the appropriate amount of water and dye for soil conditions and system size

Are there any odors from system or drainage Yes____ No____

If yes describe source_____

Are there any signs of surfacing effluent within the system Yes____ No____

Are there any wet or soft spots within the system Yes____ No____

Has surface water been properly diverted away from system Yes____ No____

Sewer line assessment

Is there a clean out on the sewer line Yes____ No____

Is cleanout properly installed and capped Yes____ No____

Does the sewer line appear to be draining properly Yes____ No____

Septic tank assessment

Tank capacity _____

No. Compartments within the tank _____

Tank material _____

Manufacturer_____

Is there a riser and lid to final grade on tank (required on all tanks after (12/21/90)?

Yes____ No____

Is the riser water tight Yes____ No____

Is tank lid safely secured Yes____ No ____

Is there a secondary lid inside the riser (Required on tanks after (7/1/96) Yes____ No____

Is the inlet baffle in place and functional Yes____ No _____

Is the outlet baffle or effluent filter in place and functional Yes____ No _____

(Effluent filter required after (1/1/2011)

Is the outlet gas baffle in place (unless effluent filter is installed) Yes____ No____

Is the effluent at the normal operating level (at the outlet invert) Yes____ No ____

If the effluent level is high or low, stop inspection and notify the health department.

Is there any root intrusion inside the tank Yes____ No____

Concrete tank- Is there evidence of corrosion inside the tank Yes____ No____

Poly tank- Is there any deformity of the tank Yes ____ No____

With a sludge meter check the following:

Scum layer depth in inches _____

Clear zone in inches_____

Sludge depth in inches _____

Does tank need cleaning _____

Do the inlet and outlet seals appear to be water tight Yes____ N0____

Dosing tank

Dose tank capacity _____

Dose tank material_____

Dose tank manufacturer_____

Is dose tank riser to final grade Yes____ No____

Is the riser water tight Yes____ No____

Is the riser lid safely secured Yes____ No ____

Is the riser lid structurally sound Yes____ No____

Is there a secondary safety device inside riser (required on dose tanks after7/1/96)?

Yes_____ No____

Is the effluent in the tank not above float operating range Yes____ No____

Is there any root intrusion inside the tank Yes____ No____

Concrete Tanks – Is there evidence of corrosion inside the tank Yes____ No____

Poly Tanks – Is there any deformation to the tank Yes____ No____

Is the tank cracked Yes____ No____

Do the inlet and outlet seal appear to be water tight Yes____ No ____

Effluent pump

Pump manufacturer _____

Pump model number_____

Is pump functioning _____

Pump amp draw while running _____

Pump voltage _____

Is there an alarm Yes____ No____

Is the alarm functioning properly Yes____ No____

Is the electrical wiring done in a safe manner Yes____ No ____

Electrical connection inside of the riser____ Outside of the riser_____

Is the alarm and pump on separate breakers Yes____ No____

Is pump submerged at all times Yes____ No ____

Is there a quick disconnect on pressure line Yes____ No____

Is there a weep hole in the vertical of the pressure line Yes____ No_____

Distribution boxes

Is there a distribution box installed in the system Yes____ No ____

If yes, how many_____

If more than one (1), is the system sequential distribution Yes____ No____

Distribution box material_____

Does the distribution box have a baffle Yes____ No____

Does the baffle have a weep hole Yes____ No ____

Does the distribution box have speed levelers installed Yes____ No____

Are there solids in the distribution box Yes____ No____

If concrete, does the distribution box have any corrosion Yes____ No____

Is the distribution box cracked Yes____ No____

Is the water level normal (at invert of manifold lines) Yes____ No____

NOTES

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_____

Trench absorption field

Does the number of trenches match the health dept. documentation Yes____ No____

Does the length of the trenches match the health dept. documentation Yes____ No____

Is there a minimum of 12” of cover over the trenches _____

Is the cover crowned to promote surface water runoff _____

What are the trenches constructed of. Gravel/pipe _____

Tire chips/pipe_____

Chambers_____

Other – describe_____

Number of trenches _____

Width of trenches_____

Depth of trenches_____

Total square footage of system_____

NOTES

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_____

_____

_____

_____

_____

Subsurface drainage

Is there an upslope swale on the system Yes____ No____

Is there subsurface drainage for the system, describe_____

_____

What is the depth of the drain _____

Is the drain backfilled with aggregate Yes____ No____

Is there a rodent guard at the outlet of the drain Yes____ No____

NOTES

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Article VI: Registration for Septic Contractors

Any person engaged in or intending to engage in the installation or repair of onsite sewage (septic) systems within Brown County, Indiana must successfully pass a written test of requirements administered by the Brown County Health Department.

Note: In addition to passing the written test, the person must be certified by the septic system manufacturer to install those systems that specifically require certification by the Indiana State Department of Health. A list of approved onsite sewerage (septic) systems is maintained by the Brown County Health Department. A copy of these certifications must be provided to the Brown County Health Department the same day of taking the written test.

If the applicant passes the test, the applicant shall complete an Installation Card to be kept on file at the health department. The Brown County Registered Septic Contractor name and contact information will be placed on the County Register. In addition, such person must pay an annual fee prescribed by the Brown County Health Department.

At the time of annual license renewal, a Brown County Registered Septic Contractor must provide proper documentation confirming coverage(s) of no less than $1,000,000 general liability and completed operations liability insurance.

The Brown County Health Officer or the designated agent may remove the name of any person or firm from the register of approved persons for the installation, construction, and repair of onsite sewage systems if the person fails to comply with all procedures.

Note: If the installer issuance is denied, an appeal may be filed under procedures outlined in *Article XI Administrative Appeals*.

Article VII: Change of Use Installation Inspections

Change of Use: Authorization to Access Property

When the use of a property is being changed from residential, authorization is needed to access the property for the purpose of conducting a public health inspection to ensure the septic meets current codes.

I acknowledge that I, _____*(print name)*

am the tenant / owner of record / property manager for the property located at:
_____*(site address)*

An Environmental Health Specialist of the Brown County Department of Health has notified me that the Department is requesting access to my property for the purpose of conducting a public health investigation. The inspection(s) may include, but is not limited to:

- Inspection
- Observation
- Measurement
- Sampling
- Testing

of items which cannot be directly accessed via existing public right-of-way, including:

- Sanitary and storm sewer manholes, access risers and catch basins
- Onsite sewage system components (septic tank, distribution box, inspection port, etc.)
- Interior (sump pit, etc.) The Department representative is to be accompanied by the tenant or property owner during this phase of the inspection
- Exterior plumbing components (residential sewer cleanout, etc.)
- Individual and community tiles
- Open drainage ditches and creeks
- Ground surface

I have been informed that, pursuant to Indiana Code 16-20-1-23 and 410 IAC 6-8.3-51(d), the Health Officer, or designee may enter upon any property, for inspection purposes, after providing proper due notice. I recognize that failure to grant said access will be sufficient grounds to file for a request for an administrative warrant with the appropriate court of law. It is my understanding that Department access is essential in order to determine whether or not there is a public health threat and/or trace/confirm the source(s) of the potential contaminant/condition. I further recognize that as there may be more than one source of the contamination, the Department will need ongoing access to the property until all testing is completed. I understand that access to my property will be limited to normal business hours, 8 am–4 pm, Monday through Friday, unless otherwise arranged in advance and

approved by both parties. The Department representative has provided me with sufficient contact information, should I request further details regarding this situation.

Please check any of the following that may apply:

___ I request to be notified of the Department's general findings as it relates to the testing conducted on my property. (A public records request is required prior to release of specific details regarding all investigations as they relate to properties other than your own).

___ I request to be notified when all Departmental testing related to this investigation is completed.

Signature: _____

Printed Name: _____ Date: _____

Signature of EHS representative: _____

Printed Name: _____ Date: _____

Article VIII: Tourist Homes and Bed & Breakfasts

The on-site septic system of a tourist home and bed and breakfast must meet or exceed current septic standards.

The residential on-site septic system is based on the maximum occupancy rate of the proposed tourist home.

The calculation for the on-site septic system is:

Maximum occupancy x 250 square foot with a 1000 square foot minimum.

In addition, other standards must be met.

Get information on the on-site septic:

If the department has information on the on-site septic, set up an appointment with an EHS at the department to discuss options.

If no information is available at the department, an installer or service provider will need to be hired to locate and draft a design of the on-site septic system.

After the design is completed, set up an appointment with EHS to discuss options.

If the current on-site septic can be used, EHS will submit a letter to the planning commission stating that the on-site septic is approved.

If the current on-site septic cannot be used, either a repair or a new on-site septic system will need to be installed.

Article IX: Notice of Possible Violation

Wastewater Disposal Complaints

A complaint investigation begins once the Brown County Health Department receives a complaint of a discharge that may contain sewage or septic effluent AND when a complainant provides necessary information to complete the complaint form.

1. Have complainant complete form or gather information over telephone. Complainant may provide his or her name and phone number or remain anonymous.
2. The initial investigation includes mailing the property owner a certified letter and the form titled: Authorization to Access Property, as well as attempt to contact the property owner by phone.
3. Staff is to research current data base and paper files to find existing septic location. (May need to go to assessor's office for property card, planning and zoning for further verification and search ownership history.)
4. After Authorization to Access Property is signed and dated by the property owner and received by the Department, go to location of complaint, do investigation: dye test and or/water sampling and photographs.
5. If the property owner refuses to sign and return the Authorization to Access Property form within 14 business days from the date of the certified letter, see number 10 below.
6. If a violation(s) is found, send abatement letter notifying property owner. Include expected time frame of when project should start to correct the issue and procedures to follow. Include a deadline date.
7. Follow up progress by visiting site if necessary.
8. If deadline for corrective action to be started is not met, mail second letter of notification stating corrective action and procedures. A 30-day extension may be granted if receiving cooperation from property owner.
9. Always take weather and soil conditions into consideration when setting time frames.
10. If not receiving cooperation, turn over to the Brown County Health Department attorney for further actions.
11. To condemn a property, the issue must be discussed fully with other employees of the Environmental Health Department, as well as the Health Officer.
12. Once repairs are made and inspected, close out file. File documentation in appropriate place and add complaint to tracking book.

Complaint: Authorization to Access Property

I acknowledge that I, _____*(print name)*

am the tenant / owner of record / property manager for the property located at:
_____*(site address)*

An Environmental Health Specialist of the Brown County Department of Health has notified me that the Department is requesting access to my property for the purpose of conducting a public health investigation. The inspection(s) may include, but is not limited to:

- Inspection
- Observation
- Measurement
- Sampling
- Testing

Of items which cannot be directly accessed via existing public right-of-way, including:

- Sanitary and storm sewer manholes, access risers and catch basins
- Onsite sewage system components (septic tank, distribution box, inspection port, etc.)
- Interior (sump pit, etc.) The Department representative is to be accompanied by the tenant or property owner during this phase of the inspection
- Exterior plumbing components (residential sewer cleanout, etc.)
- Individual and community tiles
- Open drainage ditches and creeks
- Ground surface

I have been informed that, pursuant to Indiana Code 16-20-1-23 and 410 IAC 6-8.3-51(d) the Health Officer, or designee may enter upon any property, for inspection purposes, after providing proper due notice. I recognize that failure to grant said access will be sufficient grounds to file for a request for an administrative warrant with the appropriate court of law. It is my understanding that Department access is essential in order to determine whether or not there is a public health threat and/or trace/confirm the source(s) of the potential contaminant/condition. I further recognize that as there may be more than one source of the contamination, the Department will need ongoing access to the property until all testing is completed. I understand that access to my property will be limited to normal business hours, 8 am–4 pm, Monday through Friday, unless otherwise arranged in advance and approved by both parties. The Department representative has provided me with sufficient contact information, should I request further details regarding this situation.

Please check any of the following that may apply:

___ I request to be notified of the Department's general findings as it relates to the testing conducted on my property. (A public records request is required prior to release of specific details regarding all investigations as they relate to properties other than your own).

___ I request to be notified when all Departmental testing related to this investigation is completed.

Signature: _____

Printed Name: _____ Date: _____

Signature of EHS representative: _____

Printed Name: _____ Date: _____

Indiana Code 16-20-1-23 states:

"(a) Upon:

(1) showing official identification; and

(2) except as provided in subsection (b), receiving consent of the owner or occupant of the premises;

(a) A local health officer or the officer's designee may enter any premises at any reasonable time and inspect, investigate, evaluate, conduct tests, or take specimens or samples for testing that may be reasonably necessary to determine compliance with public health laws and rules and for the prevention and suppression of disease.

(b) A local health officer or the officer's designee shall obtain the consent of the owner or the occupant of the premises under subsection (a), except as provided in any of the following circumstances:

(1) Subject to subsection (c), the local health officer or the officer's designee obtains an order from a circuit or superior court in the jurisdiction where the premises is located to authorize the inspection, investigation, evaluation, testing, or taking of specimens or samples for testing.

(2) An emergency condition that poses an imminent and serious threat to the health of an individual or the public and the local health officer or the officer's designee believes that a delay could result in a greater health risk.

(3) Entry by a local health officer or the officer's designee to a public place or an area in plain and open view to determine compliance with public health laws and rules.

(4) Entry under the terms and conditions of a license issued by the local health department at any reasonable time if reasonably necessary to determine compliance with public health laws and rules and the terms and conditions of the license.

(c) A court described in subsection (b) (1) may issue an order to inspect, investigate, evaluate, conduct tests, or take specimens or samples for testing if the court finds that the local health officer or the officer's designee, by oath or affirmation, provided reliable information establishing the violation of a public health law or rule at the premises.

(d) However, a local health officer, or the officer's designee shall not inspect property in which the local health officer has any interest, whether real, equitable, or otherwise. Any such inspection or any attempt to make such inspection is grounds for removal as provided for in this article.

(e) This section does not prevent inspection of premises in which a local health officer has an interest if the premises cannot otherwise be inspected. If the premises cannot otherwise be inspected, the county health officer shall inspect the premises personally."

Indiana Administrative Code 410 IAC 6-8.3-51 (d) Administrative authority states:

“The department, its agent, or the health officer or his or her agent shall be permitted to enter upon all properties at the proper time for the following purposes necessary to achieve compliance with this rule:

- Inspection
- Observation
- Measurement
- Sampling
- Testing

Article X: Penalties

EHS will have documented their findings through video/audio, water sampling, photographs and writing. All these methods may or may not be used depending on the situation.

The case will be reviewed by the Health Officer for approval to take a corrective action with a deadline.

The letter is to include the violation(s) with the code(s) included.

After the deadline date, EHS will visit the site to determine if the issue has been resolved.

If not, after approval from the Health Officer, the file is turned over to the Department attorney for possible litigation.

Article XI: Administrative Appeal

1. Any person who is aggrieved by a decision of the Brown County Health Officer or the designated agent shall submit an appeal within fifteen (15) days to the Brown County Board of Health.

2. The applicant must submit a Recommendations and Appeal form provided by the Brown County Health Department.

3. Upon receipt of the written appeal (which contains an explanation of objections to the decision), the Brown County Board of Health shall schedule a hearing to consider the matter no later than its next scheduled public meeting date or sixty (60) days.

4. The Brown County Board of Health's decision will be considered final.

5. If the person or persons are not satisfied with the decision of the Brown County Board of Health, the judicial system could be the next option.

Brown County Department of Health

Recommendations and Appeal Form

Date:_____

1. What is the primary issue that you would like the Board of Health to consider? (This includes concerns and recommendations. Please be specific.)

_____

_____

_____
_____
_____

2. What exactly would you like the Board of Health do or not do? How do you feel this issue should be resolved?

_____
_____
_____
_____
_____

3. If you see multiple alternatives to solving the problem, what are those solutions?

_____
_____
_____
_____

4. Why is this issue important to you or to the community?

_____
_____
_____

5. If needed, please explain further your reasoning regarding this issue.

_____
_____
_____
_____

Name:_____ Address: _____
Phone/ Email: _____ Best time to reach you? _____
Signature: _____

Wastewater Disposal Failures

When an onsite septic system fails an inspection, the property owner is mailed a certified letter from the Health Officer or its agent outlining the nature of the failure. The letter will also state remedial action necessary for compliance, and set time frames to correct the failure.

Remedial action can range from repairing a broken or clogged sewer lateral, re-routing plumbing, to replacing existing septic tanks and drainage field systems.

If soil conditions do not allow repair/installation of the system due to soil saturation or weather conditions, see Standard Operating Procedures for Pump and Haul.

Standard expected time of completion: 90-180 days depending on weather and soil conditions.

Note: Always take weather and soil conditions into consideration when setting time frames.

Should a property owner need financial assistance, the following options might be available:

- Township Trustee
- United States Department of Agriculture (Rural Development) phone number (812) 334-4279
- Rural Community Assistance Program (RCAP) phone number (800) 382-9895

Pump and Haul

1. The applicant must submit, in writing, the reason for needing to be placed on pump and haul. It must be addressed to the Brown County Health Officer or the designated agent.
2. The Health Officer or the designated agent shall make a determination if the request is valid.
3. If the request is valid, the applicant must sign and complete a Pump and Haul Authorization form provided by the Brown County Health Department and pay a fee of $100. This form must also be signed by an Environmental Health Specialist. The applicant must also provide a service agreement contract with a licensed service provider.

4. According to State Code 410 IAC 6-8.3-52 (3) there is a one year time frame for pump and haul. This one year time frame may be extended by the county health officer or the designated agent upon documentation of satisfactory operation of the holding tank. If the time frame is extended for one year, the applicant must pay a fee of $100.
5. If the applicant is denied being placed on pump and haul, the applicant can appeal the decision to the Brown County Board of Health. (See Standard Operating Procedures for Administrative Appeals)

Pump and Haul Authorization

AUTHORIZATION IS HEREBY GRANTED TO:

_____

(Name of Property Owner)

_____

(Address where pump and haul will occur)

Date of issuance: _____

This authorization shall expire on _____ and shall be subject to the following procedures:

1. This authorization shall be revoked unless the pump and haul activities are carried out in a manner that has been approved by the Brown County Health Department.
2. This authorization is not transferable.
3. The applicant named on this authorization is liable for any damage caused by a spill or failure of the pump and haul operation.
4. A septic contractor (provided by the Brown County Health Department) must be contacted to install an alarm.
5. It is your responsibility to inform the Brown County Health Department the name of the company pumping the septic tank and installing the alarm.
6. The septic tank must be pumped by an Indiana Department of Environmental Management (IDEM) licensed septic pumper and the septic tank must be blocked so that no effluent escapes into the septic field/bed.
7. The alarm must be wired correctly and the "OPERATE, TEST, AND SILENCE" switch must be on a post on the outside of the dwelling at an easy-access location. The Brown County Health Department may be testing the alarm on occasion to ensure it is working throughout the pump-and-haul process.
8. Water usage reports throughout the pump-and-haul process must be turned into the Brown County Health Department within 10 days after receiving the bill. You can obtain these reports from your water company. If you do not use a water utility, water usage reports will not be required by the Brown County Health Department.
9. Pump-and-Haul receipts must concurrently be turned into the Brown County Health Department within 10 days after receiving the bill.
10. Water that does not enter the septic tank cannot be used until you are off pump-and-haul. This includes, but is not limited to, watering the lawn, gardening, washing vehicles and washing your dwelling.

Property Owner (Print) _____Phone #_____

Email _____

Property Owner (Signature) _____ Date: _____

SOP Reviews

This form is used when any changes to the current SOP's are updated/changed. The updates/changes must be approved by the health officer and EHS Supervisor.

Date	Document Name	Document Changes	Page #	Initials
