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## **On-Site Sewage Disposal System Application Process**


1. Submit soil evaluation from a certified soil scientist. (List included with application)
2. Complete and submit OSS (Onsite Sewage System) application to Grant County Health Department. A \$50 application fee must be included with the application for it to be processed. (Cash, credit or check- made payable to the Grant County Health Department) For new construction, please include a blueprint of the home to be built to verify bedrooms.
3. Based on the soil report and application information, the Grant County Health Department will determine the minimum requirements (Sizing, type of sewage disposal system). The applicant will receive this information in writing.
4. Installation plans (Provided by a Grant County Registered Installer) must be submitted to the Grant County Health Department for review based on the minimum requirements issued by this Department. Plans for review must include a complete drawing of the system, water well with a 50' radius (including neighboring wells if nearby), property lines, elevations for inlets and outlets, elevations of the system treatment area for on every lateral on each side and middle, elevations at all corners and outlet of drain, any structure, trees driveways, pools or ponds with distances from system.
5. A plan review will be started when the installer plans are received, the Grant County Health Department is allowed 30 days to review this for approval.
6. OSS permit is issued when plan is approved. The OSS permit is valid for one (1) year from issue date.

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### *Environmental Division*

 765-651-2401 option 1

 [environmental@grantcounty.in.gov](mailto:environmental@grantcounty.in.gov)

 401 S. Adams Street, Marion, Indiana 46953

**GRANT COUNTY HEALTH DEPARTMENT-ENVIRONMENTAL DIVISION**

**RESIDENTIAL ONSITE SEPTIC SYSTEM APPLICATION**

| NEW CONSTRUCTION   | REPLACEMENT SYSTEM | REPAIR SYSTEM |
|--|--------------------|---------------|
| <p>Applicant/Property Owner's Name: _____</p> <p>Mailing Address: _____</p> <p>Phone Number/E-Mail Address: _____</p>  |                    |               |
| <p>Property Owner's Name: _____</p> <p>Property Address: _____</p> <p>Subdivision _____ Lot or Tract Number _____</p> <p>Number of Acres: _____</p> <p>Well or City Water: _____</p> <p>Phone Number/E-Mail Address: _____</p> |                    |               |
| <p>New Sites <b>ONLY</b>, provide an approximate address:</p>  |                    |               |
| <p>Briefly provide directions to the property:</p>   |                    |               |
| <p>Number of bedrooms in home (New sites require floor plan submittal): _____</p> <p>Number of Jetted Tubs <math>\geq</math> 125 gallons: _____</p>  |                    |               |

# GRANT COUNTY HEALTH DEPARTMENT-ENVIRONMENTAL DIVISION

Repair Systems **ONLY**, describe the problems you are experiencing:

Is this resulting from the Health Department testing:      Yes      No

Is this resulting from a Real Estate transaction:      Yes      No

Please provide the name of the Real Estate Company, Realtor and contact number:

Please provide the name of the Certified/Licensed Pumper-Inspector:

Date the system was pumped and Inspected: \_\_\_\_\_

As property owner, by signing below, you are affirming that you have provided true and accurate statements for the forgoing questions. You understand that the Grant County Health Department in no way guarantees the functioning of neither the proposed septic system nor the work of the installer you hire.

Please read the attached information carefully. Should you have questions or need an explanation of the work being performed, please do not hesitate to contact the Health Department at 765-651-2401, extension 110, Monday through Friday, 8:00 a.m. to 4:00 p.m.

*I certify that the information I have provided is true and accurate to the best of my knowledge.*

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

# GRANT COUNTY HEALTH DEPARTMENT-ENVIRONMENTAL DIVISION

## RECESSIONAL MORAINES SOILS IN GRANT COUNTY

The Indiana State Department of Health (ISDH) sent a memorandum, dated June 19, 2011, to sixteen counties in northeastern Indiana stating that Recessional Moraine Soils in these counties may be causing septic systems to fail prematurely and possibly fail immediately upon usage. The counties affected are Adams, Allen, Blackford, DeKalb, Delaware, GRANT, Howard, Huntington, Jay, Miami, Noble, Randolph, Steuben, Wabash, Wells and Whitley.

Recessional Moraine Soils were formed from sediments deposited from glaciers as the glaciers melted while advancing and then subsequently receded. Parts of these soils do not transport water well, and therefore are unsuitable for septic systems. The ISDH has become aware of and has documented premature system failures in these types of soils. The ISDH has advised the Local Health Departments of these sixteen counties that the typical soil analysis, consisting of three soil borings by a professional Soil Scientist, do not always identify these obscure, and sometimes undefined, characteristics. Per the memo of June 19, 2011, "As it is nearly impossible to repair failed onsite systems in the problem Moraine Soils, extra measures must be taken when onsite systems are to be installed in these Recessional Moraine areas". The ISDH has therefore recommended much more extensive analysis of the soil in the areas where the Recessional Moraine Soils are present.

The ISDH has identified twelve soil series which are typically present in areas where Recessional Moraines are located. These twelve soil series cover greater than 80 percent of Grant County, and are especially prevalent to the north and east of the Mississinewa River. If a proposed septic system site is located in one of these soil series, the recommendations of the ISDH include at least two backhoe pit excavations, a minimum of seven soil borings and mechanical laboratory analysis of at least three samples from different horizons in a pit to determine percent of silt, sand and clay. If the soil is still acceptable at this point, modified permeability tests are run on the site. All of these additional tests are at an additional expense to the property owner or applicant.

If there is additional information that the Grant County Health Department can provide to you as the property owner or applicant, please contact the Health Department and we will provide additional information or assistance. If you wish to forego the additional testing highly recommended by ISDH, this release document must be signed and returned to the Grant County Health Department before a permit will be issued.

I, the undersigned, agree to release the County of Grant and its employees, the Grant County Health Department and its employees, the Grant County Health Officer and the Grant County Board of Health and its members, if any lawsuit should be filed in regards to the septic system. If said septic system should fail, I as property owner, agree to accept full responsibility for said septic system, and I agree to repair or replace said septic system in a timeframe set by the Grant County Health Officer. Until said septic system is repaired or replaced, I the property owner do agree to have my septic tank pumped and hauled on a weekly basis until the system is corrected so that wastewater generated in the home does not come to the ground surface or contaminate the waters of Indiana.

***I ELECT TO WAIVE FURTHER TESTING, AND I UNDERSTAND THE IMPLICATIONS OF SUCH. I HAVE READ AND UNDERSTAND THE ABOVE, AND I UNDERSTAND THAT NO SEPTIC SYSTEM HAS A GUARANTEED LIFESPAN AND IF IN MORAINES SOILS, COULD FAIL AT ANY TIME.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date