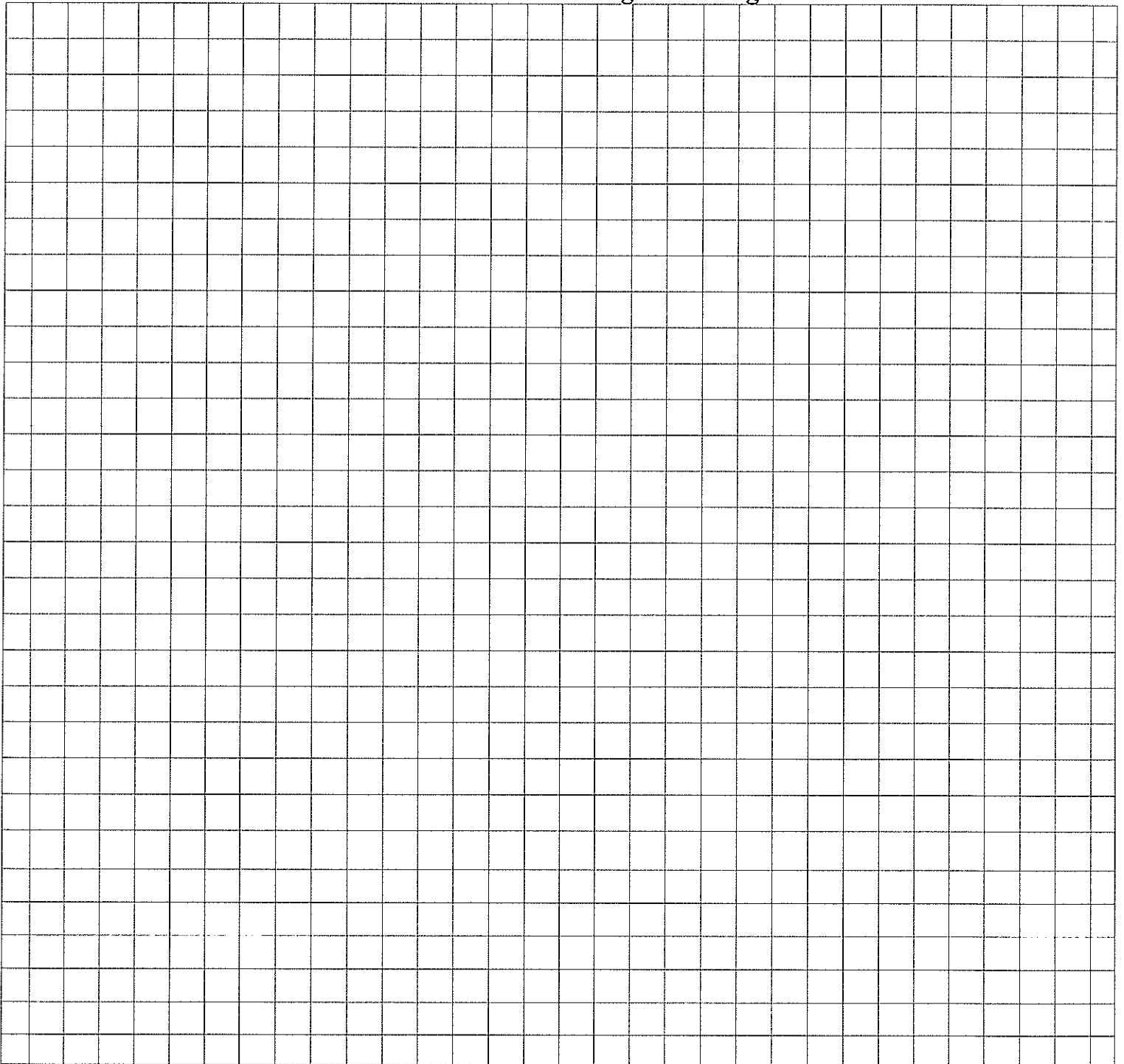


WASHINGTON COUNTY HEALTH DEPARTMENT
OSS Design Submittal - Plan Review - Field Inspection
Conventional Gravity

Owner's Name _____	Site Location _____	
OSS Contractor's Name _____	Mailing Address _____	Phone No. _____

Site Plan and OSS Design Drawing



OSS DESIGN SUBMITTAL	Located on Plan or N/A	FIELD INSPECTION
The following must be located on the plans: (Check N/A on right if this does not apply to this property)		
Residence	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Structures	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Well/Public Water Supply	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pond/Lake/Reservoir	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
River/Stream/Ditch/Drain Tile	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pools	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driveway	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Lines	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utility Easements	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regulatory Flood Elevation	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Directional North	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Slope of Site	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Soil Boring/Pit Location	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Geothermal Wells	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of existing system(s)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
All components of System	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential Sewer Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Septic Tank	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Effluent Sewer Pipe (septic tank to d-box, d-box to trenches)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Distribution Box(s)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Trenches	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Subsurface Drain (including surface diversion)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
List Separation Distances if Plan is Not to Scale	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
List Pipe Lengths if plan is not to scale	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	

THIS SECTION TO BE COMPLETED BY THE HEALTH DEPARTMENT

(after the soil evaluation has been conducted by a registered soil scientist and obtained by the health department)

SEPTIC PERMIT # _____

SOIL RATING _____ DESIGN DAILY FLOW _____ SYSTEM TYPE _____

PERIMETER DRAIN _____ # OF DISTRIBUTION BOXES _____

CAPACITY OF SEPTIC TANK _____ CAPACITY OF PUMP TANK _____


PUMP BRAND _____ PUMP MODEL # _____

TRENCH/BED DEPTH: _____ TRENCH/BED WIDTH: _____

TOTAL LENGTH OF LATERALS: _____ AMOUNT OF FILL: _____

Remarks, exclusions: _____

Site Plan Drawing – THIS SECTION TO BE COMPLETED BY THE SEPTIC INSTALLER



Indicate North. If property lines are within 50 feet of the septic system, record distances to the property lines on your drawing.

I have taken and passed the Washington County Health Department and/or IOWPA Installer's exam and am in good standing with the Washington County Health Department. I agree to install this septic system per Indiana Code and Local Ordinances. Lastly, I understand that deviation from any of the above conditions may result in revocation of this application/permit.

Signature of Septic System Installer: _____ **Date:** _____

Environmental Health Specialist: _____ **APPROVED** _____ **REJECTED** _____