

MADISON COUNTY HEALTH DEPARTMENT

APPLICATION PROCEDURE FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

- 1. Submit written soil evaluations from a certified soil scientist. (ISDH listing for Madison County included.)**
- 2. Complete and submit application to MCHD. A \$50.00 application fee must be included with the application. (cash, MO, check-made payable to MCHD)**
- 3. Attach an outline and/or map of the property. Please include property dimensions, and proposed home location.**
- 4. Based on a soil report, and a visit to the site/property, the Madison County Health Department will determine the type and specifications for the sewage disposal system. The applicant will receive this information in writing. This may take a few days depending on schedule and weather.**
- 5. Installation plans must be submitted to MCHD for review based on the written requirements issued by this Department. Plans should include a complete system layout/diagram, as well as elevations of all components, including inlet and outlet elevations. Plans should show all structures, property lines, water wells, types of components used, and any other information that may be specific or relevant to the site. This plan must be designed by the installer or his/her agent. (The installer shall be bonded \$10,000 permit/license bond with the MCHD.)**
- 6. Upon installation plan approval, the applicant must obtain a property address from the Madison County Planning Commission for new home sites. Following plan approval, and once an address for new sites has been obtained, the applicant may purchase a sewage disposal system permit for \$150.00. The permit will be valid for 1 year after the date of purchase.**

MADISON COUNTY HEALTH DEPARTMENT

206 East 9th Street – Anderson, IN 46016

Phone: 765.641.9523 Fax: 765.641.9203

RESIDENTIAL ONSITE SEWAGE DISPOSAL SYSTEM APPLICATION

New Construction _____

Repair or Replace Existing System _____

Date of Application _____ Applicant Phone _____

Name of Applicant _____

Mailing Address of Applicant _____

Name of Property Owner _____

Address of Property Owner _____

Site/Property Address _____

Complete and Accurate Instructions for getting to Site _____

Soil Evaluation provided by _____

Installer Name _____ Installer Phone _____

Number of Bedrooms _____ Water Supply: Municipal _____ Private (well) _____

Parcel ID Number _____

Any installer, other than the property owner, must be bonded with the Madison County Health Department in the amount of \$10,000 (license or permit bond) prior to the installation or repair of an onsite sewage disposal system.

Please include an outline of the property, and/or attach a copy of the survey. Please include all property lines and property dimensions, proposed and existing structure locations, well location, driveways, fence lines, patios, creeks, ponds, swimming pools and any other information that may be necessary for the site.

Completion of this application will not guarantee issuance of a permit.

The property owner and/or his/her agent certifies that to his/her knowledge that all information submitted is correct and the system will be installed in compliance with ISDH Rule 410 6-8.3, and any other local ordinances if applicable.

This office does not guarantee long-term sewage disposal under any circumstance.

Date _____ Owner/Agent Signature _____

Health Department Use Only – Do Not Write in This Section

APPROVED SYSTEMS

Gravity Feed _____ Flood Dosed _____ Elevated Sand Lined System* _____ (Mound/ATL/Presby)

*Elevated Sand Lined System specs can be provided upon request once the owner/agent determines which system they intend to use.

Minimum System Requirements

Absorption Field _____ Sq Ft Absorption Field if Using Chambers _____ Sq Ft Tank Size _____ Gallons

Dosing Tank Size _____ Gallons Dosing Pump Volume _____ GPD _____ GPM

Trench Depth (Gravity Fed) Min _____ Max _____ Trench Depth (Flood Dosed) Min _____ Max _____

Drainage

Drainage Required: Yes _____ No _____ Around Entire System _____ Upslope Only _____ Site Slope _____ %

Drain Depth _____

If the perimeter drain outlet is being connected to a county regulated drain, permission must be obtained in writing, from the Madison County Surveyors Office and provided to this office. All parts of the sewage disposal system must be at least 50 feet from any water well.

Notes

System type is based upon an onsite evaluation conducted by this office, a written soil report from a qualified soil scientist and ISDH Rule 410 IAC 6-8.3. Some sites may require a more extensive system depending on location and layout of the property.

This application will be considered pending until all information deemed necessary by the Health Officer or his/her designee, has been provided to the Madison County Health Department by the owner/agent. No permit will be issued until all information is provided by the owner/agent and approved by the Health Officer or his/her designee.

Madison County Health Department
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Anderson IN 46016
Phone: 765.641.9523 Fax: 765.646.9203

Partial list of soil scientists who have worked in Madison County. A full list may be accessed at www.oisc.purdue.edu/irss/roster.html

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