



**APPLICATION
ON-SITE SEWAGE SYSTEM
MARION COUNTY, INDIANA**

PERMIT AND PROPERTY INFORMATION	
Property Address:	Lot Number:
Owner:	Phone #:
Owner Address:	
Applicant:	Phone #:
Applicant Address:	IOWPA #:
Permit Type: <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Repair <input type="checkbox"/> Change of Use <input type="checkbox"/> Operating <input type="checkbox"/> Transfer	
Premises Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Lot Acreage:
Floodplain: <input type="checkbox"/> 500-year <input type="checkbox"/> 100-year <input type="checkbox"/> Floodway <input type="checkbox"/> None	
Number of Bedroom Equivalents:	Jetted Tub: <input type="checkbox"/> Yes <input type="checkbox"/> No Gallons: _____
Water Source: <input type="checkbox"/> City <input type="checkbox"/> Well	Sump Pump: <input type="checkbox"/> Yes <input type="checkbox"/> No
Garbage Disposal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Washing Machine: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Softener: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reverse Osmosis: <input type="checkbox"/> Yes <input type="checkbox"/> No
City of Indianapolis Drainage Permit Number (if Applicable):	
ABSORPTION FIELD DESIGN SPECIFICATIONS	
Absorption Field Type: <input type="checkbox"/> Trench <input type="checkbox"/> Filter Bed <input type="checkbox"/> Chamber <input type="checkbox"/> Elevated Sand Mound <input type="checkbox"/> Sand-Lined <input type="checkbox"/> Pressure Distribution <input type="checkbox"/> Other:	
<input type="checkbox"/> Below Grade <input type="checkbox"/> At Grade <input type="checkbox"/> Above Grade	System Size (sq ft):
Max Trench Depth (Inches):	Trench Width (Inches):
Lineal Feet:	Pipe Width (inches):
Aggregate Type: <input type="checkbox"/> Coarse L River Rock <input type="checkbox"/> #4 Limestone <input type="checkbox"/> Spec 23 Sand <input type="checkbox"/> N/A <input type="checkbox"/> Other:	
Basal Area (sq ft)	Aggregate Bed Area (sq ft):
Distance to Nearest Well (ft):	Distance to Nearest City Waterline (ft):
Distance to Structure (ft):	Distance to Property Line (ft):
Dispersal Area (sq ft):	Dispersal Location: <input type="checkbox"/> Both Sides <input type="checkbox"/> Downslope
Distribution Box Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other:	
SUBSURFACE DRAINAGE	
Subsurface Drainage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Segment Drain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Drainage Type: <input type="checkbox"/> Curtain <input type="checkbox"/> Perimeter	Minimum Depth (inches):
Drainage Outlet on Property: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drainage Easement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	

Mail To:
Marion County Public Health Department
3901 Meadows Dr Indianapolis, IN 46205
317-221-2147

APPLICATION INSTRUCTIONS
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MARION COUNTY, INDIANA

1. Please fill out the entire application completely and accurately. Incomplete or inaccurate information may delay approval and permit issuance.
2. Please include payment based on the following fee schedule
 - a. \$200 for new or replacement permit applications
 - b. \$75 for repair or change of use permit applications
 - c. \$135 for operating permit applications
 - d. \$85 for operating permit transfer applications
3. An application for a change of usage must be accompanied by a detailed description of how the usage of the property will change. If the property is to be altered or expanded, please provide detailed plans for the alteration or addition. Please indicate if there will be any addition of bedroom equivalents or the design daily flow of the household or business. Any commercial application must be accompanied by plan review approval from the Indiana State Department of Health. It is not required to have an IOWPA certification apply for a change of use permit.
4. To apply for an operating permit or transfer of an operating permit (construction permits cannot be transferred) the applicant need only fill out the property address, owner, owner address, and phone number fields of the application and sign and date the form at the bottom. It is not required to have an IOWPA certification apply for an operating.
5. The design and installation of any on-site sewage system must comply with the requirements of 410 IAC 6-8.3 or 410 IAC 6-10.1 and Chapter 14 of the Health and Hospital Code of Marion County.
6. Approval must be obtained from the Indiana State Department of Health for any commercial on-site sewage system prior to submitting an application for a permit from the Marion County Public Health Department. State approval for a commercial on-site sewage system does not constitute written approval from the Marion County Public Health department.
7. Written approval via a on-site sewage system permit issued by the Marion County Public Health Department must be obtained prior to the:
 - a. start of construction, reconstruction, or replacement of any structure to be served by the on-site sewage system.
 - b. expansion or remodeling of any residential structure that may increase the number of bedrooms or design daily flow (DDF).
 - c. addition to, alteration of, replacement, or repair of an existing on-site sewage system.
 - d. installation of a new on-site sewage system.
 - e. change of use or operation of a commercial facility that may increase the DDF of the system of the BOD5, TSS, or FOG of the sewage.
8. Permit and Property Information
 - a. No portion of the on-site sewage system or its associated drainage system (including dispersal areas) may be constructed on property other than that from which the sewage originates unless easements have been obtained for that property and have been legally approved and recorded. A copy of the recorded easement agreement must accompany the application.
 - b. An installer certification from the Indiana Onsite Wastewater Professionals Association is required to apply for and install an on-site sewage system. The certification must be appropriate for the type of system to be installed.
 - c. Number of bedroom equivalents should include the number of bedrooms plus any fixtures that would count be considered, under 410 IAC 6-8.2 as a 'bedroom equivalent'.

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- d. If a drainage permit is required through the City of Indianapolis, the permit number must be included on the application.
- 9. Absorption field design specifications
 - a. The absorption field must be designed and installed in accordance with 410 IAC 6-8.2 or 410 IAC 6-10.1.
 - b. Written results of a soil evaluation performed by an Indiana Registered Soil Scientist must be submitted with the application for a new or replacement soil absorption system or when deemed necessary by the Marion County Public Health Department.
 - c. When replacement of an absorption system for a residential on-site system is necessary due to failure and the soil absorption system cannot meet or exceed the minimum provisions of 410 IAC 6-8.3 the following must accompany any application:
 - i. Written description of the limitations of the site.
 - ii. Written results of an evaluation of the operational status of all the on-site sewage system components and probable reasons for failure.
 - iii. An application for an operating permit.
- 10. Subsurface drainage
 - a. A subsurface drainage system must be installed for a soil absorption system when required by 410 IAC 6-8.3 or 410 IAC 6-10.1.
 - b. If an easement is required, a copy of the recorded easement agreement must accompany the application

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