



**GREENE COUNTY HEALTH DEPARTMENT**  
217 E Spring St., Ste. 1, Bloomfield, IN 47424  
(812) 384-4496 (Office)  
(812) 384-2037 (Fax)  
health@co.greene.in.us (Email)  
www.co.greene.in.us/health (Website)

Date \_\_\_\_\_  
Amount Paid \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Initials \_\_\_\_\_

Updated 05/15/2023

## Onsite Sewage System (OSS) Application

**Please complete the information on this page and attach the floor plan for new construction or modification.**

<input type="checkbox"/> New Install	<input type="checkbox"/> Modification	<input type="checkbox"/> Repair	_____ Residential	_____ Commercial
<b>APPLICANT</b>			<b>OWNER</b>	
Name	_____	Name	_____	
Address	_____	Address	_____	
City, State & Zip	_____	City, State & Zip	_____	
Mobile	_____	Mobile	_____	
Email	_____	Email	_____	
Applicant Relationship to Owner <input type="checkbox"/> Same as owner <input type="checkbox"/> Renter <input type="checkbox"/> Other: _____				

**APPLICATIONS ARE NOT ACCEPTED WITHOUT A PARCEL ID NUMBER AND OFFICIAL ADDRESS**

Parcel ID (required) \_\_\_\_\_ Township \_\_\_\_\_  
Address, City, State & Zip \_\_\_\_\_  
Lot size/acres \_\_\_\_\_ Lot number, if applicable \_\_\_\_\_

### Installer Information (contractor selected to install or repair your septic)

Company Name	_____	Company Phone	_____
Installer Name	_____	Mobile Phone	_____
Installer Email	_____		

### Builder Information (if new constructions)

Name	_____	Phone	_____
Email	_____	Construction/Delivery Date	_____

### Building/Residence Information

_____ Number of Bedrooms	<input type="checkbox"/>	Jetted Tubs over 125 GPM	Actual Capacity	_____ GPMs
_____ Number of Occupants	<input type="checkbox"/>	Full Body/Waterfall Shower over 125 GPM	Actual Capacity	_____ GPMs
Garbage Disposal?	____ Yes	____ No	Water Supply Source:	
Grinder Pump?	____ Yes	____ No	____ Community Water	
Water Softener?	____ Yes	____ No	____ Private Well	
Seasonal Use?	____ Yes	____ No	____ Other _____	
Rental Property?	____ Yes	____ No		

**This application is not complete until an on-site soil evaluation has been submitted [410 IAC 6-8-3-56].**

I, the undersigned, do now affirm under penalties of perjury that the foregoing information and/or representations are true. The permit for construction may be deemed invalid and/or revoked if construction started prior to permit issuance, if the soil conditions have changed due to site disturbance, and if the application information is inaccurate or has been found to be misrepresented. I acknowledge the onsite sewage system shall meet the rules and regulations of the State of Indiana Rule 410 IAC-6-8.3 and the county's local ordinance; a permit for construction is valid for one (1) year from the date of issuance; and the issuance of a permit or operating approval does not constitute a guarantee that the onsite sewage system will function properly. I understand that the Greene County Health Department and designated representative(s) do not guarantee trouble-free operation of this sewage disposal system and I assume full responsibility for any nuisance and health hazard that might result from its use.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Application expires one year from the date of purchase. Any changes to the application after minimum specification are issue shall result in a voided application. The application fee is non-refundable.**

**NO PERSONAL CHECKS; CASH, MONEY ORDER, OR CREDIT/DEBIT CARDS ONLY**

**Permit Instructions on Back**



## Greene County Health Department

217 E Spring St., Suite 1, Bloomfield, IN 47424

Email: [health@co.greene.in.us](mailto:health@co.greene.in.us)

Phone: (812) 384-4496

### Onsite Sewage System (OSS) Permit Instructions

**AN OSS PERMIT MUST BE OBTAINED FROM THE GREENE COUNTY HEALTH DEPARTMENT BEFORE STARTING RESIDENTIAL CONTRUCTION, BEFORE ADDING BEDROOMS TO EXISTING HOMES (MODIFICATIONS), BEFORE PLACEMENT OF MOBILE HOMES, AND BEFORE STARTING INSTALLATION OR REPAIR OF THE SEPTIC SYSTEM.**

#### Obtain a Soil Evaluation Report

- A soil evaluation must be done by a Certified Soil Scientist.
- The property owner must have someone present during the Soil Scientist site visit. The Soil Scientist sends copies of the report to the property owner or owner's designee and the Health Department.

**PROTECT THE SITE:** The septic system must go where the soil scientist made the borings. You can mow or bush-hog, but nothing more. Do not allow anyone to dig, scrape, remove any stumps, or otherwise disturb the site. Ideal protection is a snow fence or metal fence posts with both yellow tape and rope.

#### Submit Onsite Sewage System Application after receiving a copy of the soil report.

- The application without a parcel ID and permanent address is not accepted.
- The property owner must sign the application (deed may be required to show ownership).
- The application expires after one year.
- The application fee for repair is \$50.00.
- The application fee for new construction or modification is \$150.00 and floorplan is required.
- A non-refundable fee must be paid at the time of application.
- There is an additional \$500 fee for new construction/modification started or mobile home set before a permit is issued.

#### Residential Onsite Sewage System (OSS) Minimum Specifications

- Minimum specifications are issued by the Greene County Health Dept. to the property owner or designee within **15 business days** of receipt of a complete package: paid application and soil evaluation report on file with the health department.
- The property owner(s) provided the Residential OSS Minimum Specifications with the Residential OSS Plan Design Cover Page to their Greene County Certified Installer who will design the Onsite sewage system and submit a drawing to you and the health department.

#### Plan Design & Permit

- The certified installer must provide a drawing showing all components of the system as well as elevations of design. **Drawing submitted without the plan design cover page, elevations list, and materials list will not be accepted.** All setback distances must be shown as well as basic system dimensions. If a pump is required, the certified installer will provide pump information with the pump curve as well as calculations for the total head.
- If any portion of the system goes off property, a recorded easement must be presented with the drawing.
- Permits are issued by the Greene County Health Dept. to the property owner or designee within **30 business days** of receipt of a complete package: design cover page and approved drawing.

#### Installation & Final Inspection

- Installer must notify Greene County Health Dept. **24 hours** before beginning excavation.
- Installer must notify the Greene County Health Dept. **48 hours** before covering system:
  - ✓ Elevations will be checked.
  - ✓ Measurements will be taken.
  - ✓ Everything must be located where initially placed for pre-approval.
  - ✓ All components inspected.
  - ✓ Construct photographs are required for completion of final inspection.