



Greene County Health Department

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

Email: health@co.greene.in.us

Phone: (812) 384-4496

Holding Tank OSS Construct & Operating Permit Instructions

AN ONSITE SEWAGE HOLDING TANK PERMIT MUST BE OBTAINED BEFORE STARTING CONSTRUCTION, BEFORE MODIFICATIONS TO AN EXISTING HOME, BEFORE PLACEMENT OF MOBILE/MANUFACTURED HOME, BEFORE ADDING OUTBUILDING WITH PLUMBING, AND BEFORE STARTING INSTALLATION OR REPAIR OF THE SEPTIC SYSTEM.

Obtain a Soil Evaluation Report

- A Certified Soil Scientist must do a soil evaluation.
- The 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.

Submit Holding Tank OSS 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 residential application fee is \$250 and bi-annual renewal fee (operating permit) is \$250.
- The commercial application fee is \$500 and bi-annual renewal fee (operating permit) is \$500.
- There is an additional \$500 residential fee and \$1000 commercial fee for new construction/modifications started or mobile/manufactured building set before a permit is issued.

Holding Tank OSS Minimum Specifications

- Minimum Specifications are issued to the property owner and their installer/designer within 15 business days after receiving all required items which include a complete application package, required application fee, and a soil evaluation report already on file with the health department.
- Property owners are strongly encouraged to request a copy of complete plan designs from their installer or designer at the same time plans are submitted to the Health Department. A complete plan design should include an OSS Plan Design Cover Page, all Drawing/Design Draft Pages, and detailed Materials List.

Plan Design & Permit

- A registered installer must submit a complete plan design package, which includes 1) a Greene County Plan Design Cover Page, 2) System Drawings/Design Pages showing all system components with elevation details for the design, and 3) Materials List. Drawing submitted without the plan design cover page, elevations, and materials list will not be accepted. All drawings must clearly show setback distances from relevant features, basic system dimensions, elevations of critical components and if applicable, pump information such as pump model/size, pump curve and total dynamic head calculations.
- If any component of the system extends off the property parcel, a recorded easement must be submitted with the drawing package. This is still required if the same property owner poses both parcels/lots.
- Construction permits are issued to the installer on behalf of the property owner within 30 business days after receiving a complete, state-rule-compliant plan design package in accordance with 410 IAC 6-8.3.

Installation & Final Inspection

- Installers must notify the Greene County Health Dept. **24 hours** before beginning excavation.
- Installers must notify the Greene County Health Dept. **48 hours** before covering system:
 - ✓ Elevations will be verified.
 - ✓ Measurements will be taken.
 - ✓ All components will be inspected.
 - ✓ Construct photographs must be provided as part of the final inspection documentation.

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GREENE COUNTY HEALTH DEPARTMENT
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 www.co.greene.in.us/health (Website)

Date _____
 Amount Paid _____
 Receipt # _____
 Initials _____

Updated 02/27/2026

Holding Tank OSS Application Construction Permit Application

Application expires one year from the date of purchase. Any changes to the application after minimum specifications are issue shall result in a voided application. The application fee is non-refundable. Cash, Money Order, or Credit/Debit Cards are accepted; no personal checks.

PLEASE ATTACH FLOOR PLANS FOR NEW CONSTRUCTION, MODIFICATIONS AND REPAIR FOR BUILDINGS WITHOUT AN OSS ON FILE WITH THE HEALTH DEPARTMENT.

New Install Modification Repair _____ Residential _____ Commercial

APPLICANT		OWNER	
Name	_____	Name	_____
Address	_____	Address	_____
City, State, Zip	_____	City, State, Zip	_____
Mobile	_____	Mobile	_____
Email	_____	Email	_____

Applicant Relationship to Owner Same as owner Renter 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 _____ Installer Mobile _____
 Installer Email _____

Builder Information (if new constructions)

Name _____ Company Phone _____
 Email _____ Construction/Delivery Date _____

Building/Residence Information

_____ Number of Bedrooms Jetted Tubs over 125 GPM Actual Capacity _____ GPMs
 _____ Number of Occupants 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

Complete the required construction permit acknowledgements and application signatures on back.

Onsite Sewage System (OSS) Construction Permit Acknowledgements

Applicant/Owner Acknowledgement:

(Owner is responsible for long-term and legal compliance.)

1. Mandatory Onsite Soil Evaluation (State Rule Requirement). I acknowledge that this application is not complete until a compliant on-site soils evaluation has been conducted and submitted by a qualified soil scientist, in accordance with 410 IAC 6-8.3-56, which requires a soil profile description, topographic information, soil characteristics, and other elements prior to permit issuance. Initial _____
2. Accuracy, Truthfulness, and Consequences of Misrepresentation. I certify under penalties of perjury that all information submitted in or with this application is true, accurate, and complete. I understand that any false, misleading, or incomplete information, or any start of construction prior to permit issuance, may result in permit denial or revocation pursuant to 410 IAC 6-8.3-55. Initial _____
3. Compliance with State Rule. I acknowledge that the design, construction, installation, and maintenance of the on-site sewage system must comply with 410 IAC 6-8.3 (including design and construction standards in §§ 53–84). Initial _____
4. Permit Validity and Inspection Requirements. I understand that any construction permit issued is valid for one (1) year from the date of issuance and that the Greene County Health Department may inspect the work at any stage of construction. No part of the system may be covered before required inspections are completed. Initial _____
5. Operating Approval (if applicable). I understand that issuance of a construction permit and passed inspections do not constitute operating approval, and that any required operating approval will be processed under 410 IAC 6-8.3-54. Initial _____
6. No Guarantee or Warranty by the Health Department. I acknowledge that the issuance of a construction permit or operating approval does not guarantee that the system will function properly, and that the Greene County Health Department does not warrant the performance or longevity of the system. These approvals are regulatory in nature and not a guarantee. The property owner is responsible for ongoing operation, maintenance, and correction of any nuisance or public health hazard. Initial _____
7. Material Site Changes. I agree to notify the Greene County Health Department if site conditions change (e.g., grading, excavation, compaction, altered drainage, or discovery of limiting layers). I understand that additional review or soil evaluations may be required to confirm continued compliance with 410 IAC 6-8.3 prior to construction or approval. Initial _____

I, the undersigned Property Owner, acknowledge and accept each statement above and recognize my legal responsibility for ensuring that the onsite sewage system is properly maintained and operated after installation.

Signature of Property Owner/ Authorized Agent _____
Property Owner/ Authorized Agent Name _____
(Printed)
Date _____
Phone _____
Email _____

Installer/Contractor Acknowledgement:

(Installer is responsible for construct, materials, installation methods, and compliance with approved plan.)

I, the undersigned Installer/Contractor, acknowledge and accept the responsibilities listed above, including:

1. Constructing the system exactly as approved;
2. Not deviating from the approved plan without prior written authorization;
3. Leaving the system uncovered until required inspections are completed; and
4. Complying with 410 IAC 6-8.3 design and construction requirements.

Installer's Signature _____
Installer Name (Printed) _____
Date _____
Phone _____
Email _____

