GREENE COUNTY HEALTH DEPARTMENT

Onsite Sewage System (OSS) Plan Design & Drawing Cover Page *(updated 2/27/2026)*

Drawing Checklist on Back

A septic plan design must be submitted with a cover page; drawings received without this form attached are not eligible for review and permitting.

Septic Installer Information			
Installer's Name		**Email**	
Company Name		**Mobile**	
Company Address		**Office**	
City, State & Zip		**Fax**	

Septic Site Information			
Applicant Name			
Owner Name *(If different from application)*			
Worksite *(Address, City, State & Zip)*			
Parcel ID			
Subdivision Name		**Lot #**	

Plan Design Information			
____**Subsurface**	____**Elevated**	**System Type:** *(Presby, ATL, Eljen, Pipe & Gravel, Chamber, etc.)*	

Completed plan design checklist? _____ **Yes** _____ **No** *(Page 2 of 2 OSS Plan Design Cover Page & Drawing Checklist)*

Installer's attestation: I have taken and passed the Greene County Health Department's exam and/or the IOWPA installer's exam and I am in good standing with Greene County. I agree to install this onsite sewage system in compliance with the rule, Residential 410 IAC 6-8.3 or Commercial 410 IAC 6-10.1. I also agree to complete construction in compliance with the latest Indiana Design & Installation Manual for the system type being installed. I understand that any deviation from the submitted plan design, non-compliance with the rule, and/or installation manual shall result in a failed final inspection and revocation of the construction permit.

Installer's Signature: _____ **Date:** _____

Health Department Review

(This section is completed by the health department only)

Received Stamp

Reviewed by: _____ **Dated:** _____ **Drawing:** ____**Accepted** ____**Rejected**

Comments:

Revised Plan Design:

Date Received: _____ **Date Reviewed:** _____ **Drawing:** ____**Accepted** ____**Rejected**

Date Received: _____ **Date Reviewed:** _____ **Drawing:** ____**Accepted** ____**Rejected**

Date Permitted	Permit #	Install Start Date	____Visit _____Photos Reviewed by: _____	Completion Date	_____Visit _____Photos Reviewed by: _____

Final Inspection

NOTES/COMMENTS ***Locations, Elevations & Measurements, System Components***	

The issuance of a construction permit and subsequent inspections or approval by the Greene County Health Department (including its Health Officer, employees, authorized agents, and designees) are regulatory determinations only and do not constitute a warranty or guarantee that the onsite sewage will function satisfactorily for any period of time. The property owner is responsible for the proper operation, maintenance, and repair of the onsite sewage system, and the installer is responsible for constructing the system in accordance with approved plans, applicable rule, and permit conditions. By conducting plan review, issuing permits, or performing inspections or approvals, the Health Department does not assume liability for damages arising from the malfunction or failure of any onsite sewage system. The County and its personnel expressly retain all defenses and immunities provided by the Indiana Tort Claims Act. Including without limitations, immunity for discretionary permitting decisions and for failure to make an inspection or make an inadequate inspection of non-government property. Nothing in this notice waives liability to the extent prohibited by law.

EHS Signature: _____ **Final Inspection Completion Date:** _____	**OPERATING** ____**APPROVED**	**PERMIT** ____**REVOKED**

GREENE COUNTY HEALTH DEPARTMENT

Plan Design/Drawing Checklist

Drawing Cover Page on Back

An OSS plan design/drawing must have the following design elements and/or components clearly documented to be permitted.

_____ Applicant/Owner's name, site address, parcel ID, installer's name, and design date.

_____ North direction arrow and note if drawing is not to scale. Show location of existing and proposed structures, water, and geothermal wells (onsite and adjacent), other bodies of water, driveways, property lines, utilities, easements, and all soil borings. (Including large trees, landscape features, wetlands, and floodplains, if applicable.) Show the location of all borings and pits on drawing

_____ Proposed locations of all components that apply of the septic system including cleanout, sewer lines, tank(s), distribution box, soil absorption field (pipe, chamber or sand bed laterals), surface diversion, and subsurface drainage.

_____ D-boxes with corrosion coating if d-box is applicable to design.

_____ Separation Distances (outlined in Rule 410 IAC 6-8.3 Sec. 57):

a) Water supplies (public or private), geothermal well
b) Property lines: front, side, and rear
c) Other structures (buildings, foundations, garages, pole barns, swimming pools, driveways, patios, etc.)
d) Drainage and utility easements
e) Ditches, creeks, streams, ponds, lakes
f) Drainage from soil absorption field
g) Suction water lines, water lines continually under pressure

_____ Total square footage of absorption area; ground elevations at 3 points (beginning, middle, and end) along each trench/section.

_____ Septic tank size and cross-sectional view as well as the notation of 2 risers and if applicable, filter and/or secondary safety lid (childproof plug). *May attach manufacturer's cross-sectional view spec sheet.*

_____ Dosing tank size, riser with secondary safety lid, and cross-sectional view. Attach manufacturers pump curve sheet (if applicable).

_____ Cross-sectional view illustrating slope of soil absorption trenches or sand-lined pipe layout and a cross-sectional view of drainage.

_____ Inverts elevations of pipes and system component elevations.

_____ Rodent guard on subsurface drain outlets with elevation grade shots.

Systems *(identify all that apply)*

Trench

- ☐ Cross-section detail of trench construction.
- ☐ Existing ground elevations along each proposed trench.
- ☐ Plowed elevation of each trench bottom.
- ☐ Connection of each trench individually connected to the distribution box.

Sand Lined System

- ☐ Entire footprint of the system on contour showing surface elevation shots (beginning, middle, and end along the bed as well as dimensions, including aggregate bed, sand, and soil cover.
- ☐ Close-up view of the aggregate bed, pressure distribution network, and 1' sand border. Cross-section detail of the system, including plow depth, sand depth, and dimensions. Also, show view as sloping if applicable.

Drainage

- ☐ Cross-section detail of surface diversion and subsurface drainage construction.
- ☐ Ground elevations of each section of subsurface drain.
- ☐ Location of surface diversion and subsurface drainage.
- ☐ Location and elevations of drainage outlet. *(Does drainage daylight or does drainage run in an existing tile?*)

Required Attachment – The following documents must be attached to be permitted.

_____ Plan Design/Drawing Cover Page

_____ Plan Design/Drawing page(s)

_____ Elevations List

_____ Materials List

_____ Dose calculations for systems utilizing a dose tank; may attach Manufacturer's Pump Curve Spec Sheet (if applicable)

_____ Copy of recorded easements (if applicable)

GREENE COUNTY HEALTH DEPARTMENT
PLAN DESIGN/DRAWING – PAGE 1

Applicant/Owner_____ Site Address _____

Installer/Designer_____ Date _____ Parcel ID _____

GREENE COUNTY HEALTH DEPARTMENT
PLAN DESIGN/DRAWING – PAGE 2

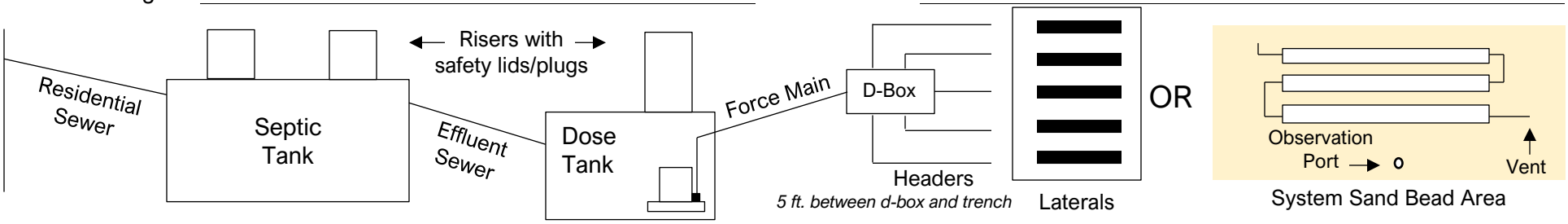
Applicant/Owner_____ Site Address _____

Installer/Designer_____ Date _____ Parcel ID _____

GREENE COUNTY HEALTH DEPARTMENT
MATERIALS LIST (Drawing Attachment)

Applicant/Owner _____ Site Address _____

Installer/Designer _____ Parcel ID _____



Residential Sewer

Must have a positive slope of no less than 4 inches in 25 feet and no more than 36 inches in 25 feet.

Type of the Pipe (circle one ASTM #)

D 2665/1785 D 3034 F 891

Septic Tank

Capacity _____ gal.

Number of compartments _____

☐ New or ☐ Existing

☐ Concrete

☐ Polyethylene

Manufacturer _____

Outlet Filter

Model _____

Manufacturer _____

Flow Rate _____ gal./day

Outlet filter housing require solvent welding to PVC Schedule 40 outlet pipe, watertight and sound joint.

Lids & Risers

Number of risers _____

Type of lids & secondary plugs:

☐ Concrete

☐ Polyethylene

☐ Childproof Plug(s)

Manufacturer _____

Effluent Sewer

Must have a positive slope of no less than 0.2% or 2.4 inches per 100 feet.

Type of the Pipe (circle one ASTM #)

D 2665/1785 D 3034 F 891

Dose Tank

Capacity _____ gal.

☐ Concrete

☐ Polyethylene

Manufacturer _____

Effluent Pump

Model _____

Manufacturer _____

☐ Audio/Visual Alarm

☐ Electrical Box (NEMA 4X)

Force Main

Type of the Pipe (circle one ASTM #)

D2241 D1785

Length _____

Size (circle one)

1” 2” 3” 4”

Drainage

☐ Interceptor

☐ Perimeter _____

☐ Segment

☐ Wrapped with geotextile fabric

☐ Rodent guard(s) (PVC/Poly fitted only)

Type of the Pipe (circle one)

ASTM F 405 ASTM F 667 NRCS 606

Type of Aggregate _____

Aggregate Supplier _____

☐ Backfilled to surface with aggregate

☐ Backfilled to within 6” of grade with geotextile fabric; soil cover

D-Box

☐ Concrete with required corrosion coating

☐ Polyethylene; Mfr._____

(Check all that apply) ☐ Sani-T ☐ Baffle ☐ Levers ☐ Elbow w/ weephole

Headers

Must have a positive slope of no less than 0.2% or 2.4 inches per 100 feet.

Type of the Pipe (circle one ASTM #)

D 2665/1785 D 3034 F 891

Raised connections; Mfr._____

Soil Absorption Field

☐ Aggregate & Pipe System

Type of Aggregate _____

Aggregate Supplier _____

Type of Perforated Pipe (circle one ASTM #)

D 2665 F 891 D 3034

D 2729 F 810

Perforations installed at 4 and 8 o’clock

☐ Chamber System

Model _____

Manufacturer _____

Effective Length _____ inches

☐ Sand-lined System

Type of Sand-lined System (circle one)

Infiltrator ATL Eljen Presby

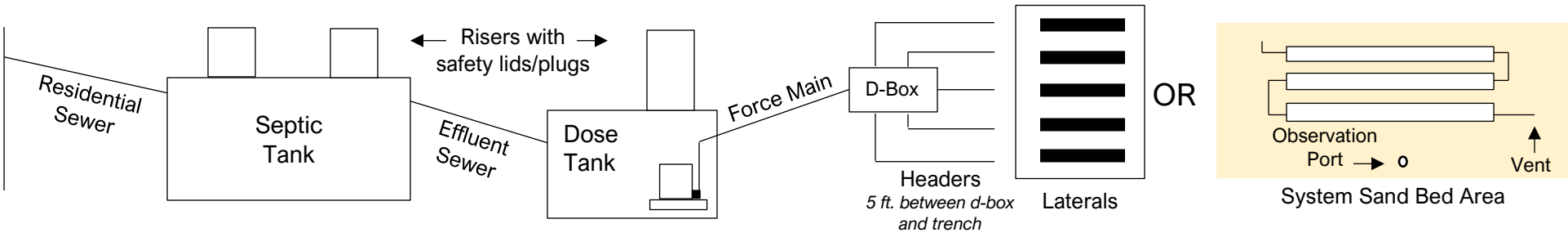
☐ INDOT Spec 23 Sand

☐ Low Vent ☐ D 2665/1785 ☐ F 891

☐ Observation ☐ D 2665/1785 ☐ F 891

GREENE COUNTY HEALTH DEPARTMENT
ELEVATIONS LIST (Drawing Attachment)

Applicant/Owner _____ Site Address _____
Installer/Designer _____ Parcel ID _____



Trench or Chamber Systems							Component Elevations *(Provide the elevation of all components relevant to plan design.)*	
Rows	Row Length	Pipe Invert Elevation	Header End Ground Elevation	Center Ground Elevation	Distal End Ground Elevation	Row Depth		
Row 1	ft.						Sewer Outlet	
Row 2	ft.						Septic Tank Inlet	
Row 3	ft.						Septic Tank Outlet	
Row 4	ft.						Dose Tank Inlet	
Row 5	ft.						Dose Tank Outlet	
Row 6	ft.						Pump Off	
Sand-lined Lined Systems							Pump On	
System Sand Bed Area		Pipe Invert Elevation	Beginning	Middle	End	Bed Cut Depth	Alarm	
Top of Bed							D-Box Inlet	
Bottom of Bed							D-Box Outlet	

Subsurface Drainage											
Shallow Point Elevations		2nd Corner Elevations		3rd Corner Elevations		4th Corner Elevations		Outlet Elevations		Outlet Elevations	
Ground	Invert	Ground	Invert	Ground	Invert	Ground	Invert	Ground	Invert	Ground	Invert