

GREENE COUNTY HEALTH DEPARTMENT

Holding Tank On-Site 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 <small>(If different from application)</small>			
Worksite <small>(Address, City, State & Zip)</small>			
Parcel ID			
Subdivision Name		Lot #	

Plan Design Information

<input type="checkbox"/> Subsurface	<input type="checkbox"/> Elevated	System Type: <small>(Presby, ATL, Eljen, Pipe & Gravel, Chamber, etc.)</small>	
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Completed plan design checklist? **Yes** **No** (Page 2 of 2 Holding Tank 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 holding tank onsite sewage system in compliance with the rule, 410 IAC 6-8.3. 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 and operating permits.

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

Health Department Review

(This section is completed by the health department only)

Received Stamp	Reviewed by: _____ Dated: _____ Drawing: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
	Comments:
	Revised Plan Design: Date Received: _____ Date Reviewed: _____ Drawing: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected Date Received: _____ Date Reviewed: _____ Drawing: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected

Date Permitted	Permit #	Install Start Date	<input type="checkbox"/> Visit <input type="checkbox"/> Photos	Completion Date	<input type="checkbox"/> Visit <input type="checkbox"/> Photos
			Reviewed by: _____		Reviewed by: _____

Final Inspection

NOTES/COMMENTS <small>Locations, Elevations & Measurements, System Components</small>	
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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: _____	OPERATING <input type="checkbox"/> APPROVED	PERMIT <input type="checkbox"/> REVOKED
Final Inspection Completion Date: _____		

GREENE COUNTY HEALTH DEPARTMENT
Holding Tank OSS 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 and tank(s).
- _____ 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
- _____ 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).
- _____ Inverts elevations of pipes and system component elevations.

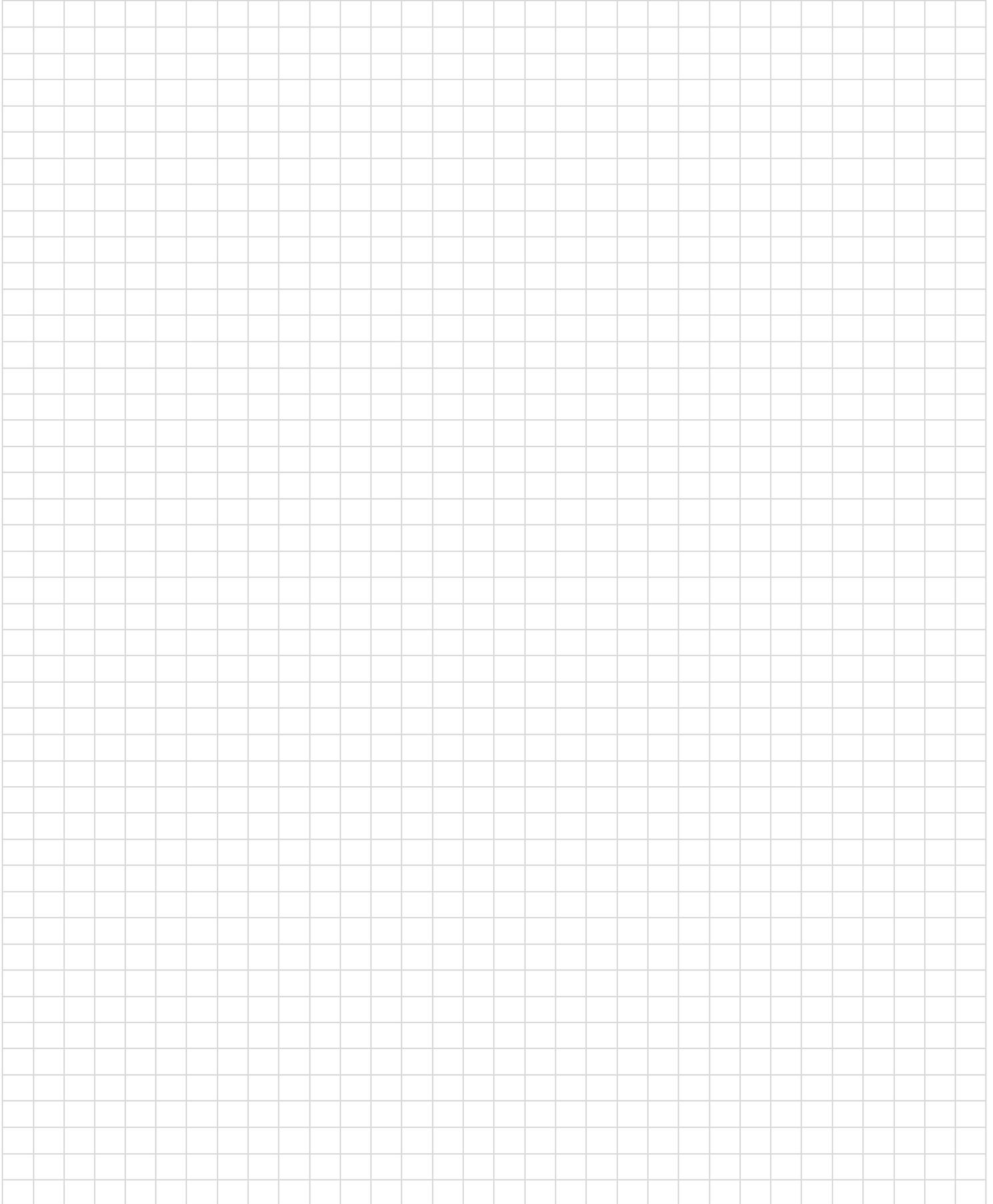
Required Attachment – The following documents must be attached to be permitted.

- _____ 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
HOLDING TANK OSS PLAN DESIGN/DRAWING**

Applicant/Owner _____ Site Address _____

Installer/Designer _____ Date _____ Parcel ID _____



GREENE COUNTY HEALTH DEPARTMENT
HOLDING TANK OSS 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		Dose Tank Capacity _____ gal. <input type="checkbox"/> Concrete <input type="checkbox"/> Polyethylene Manufacturer _____	
Septic Tank Capacity _____ gal. Number of compartments _____ <input type="checkbox"/> New or <input type="checkbox"/> Existing <input type="checkbox"/> Concrete <input type="checkbox"/> Polyethylene Manufacturer _____		Effluent Pump Model _____ Manufacturer _____ <input type="checkbox"/> Audio/Visual Alarm <input type="checkbox"/> Electrical Box (NEMA 4X)	
Outlet Filter Model _____ Manufacturer _____ Flow Rate _____ gal./day Outlet filter housing require solvent welding to PVC Schedule 40 outlet pipe, watertight and sound joint.		Force Main Type of the Pipe (circle one ASTM #) D2241 D1785 Length _____ Size (circle one) 1" 2" 3" 4"	
Lids & Risers Number of risers _____ Type of lids & secondary plugs: <input type="checkbox"/> Concrete <input type="checkbox"/> Polyethylene <input type="checkbox"/> Childproof Plug(s) Manufacturer _____			