

Onsite System Materials List

Residential Sewer (min. 4" fall in 25', max. 36" fall in 25')	
ASTM # <input type="checkbox"/> D3034-08 <input type="checkbox"/> D2665-12 <input type="checkbox"/> F891-10 <input type="checkbox"/> Other _____	
SDR _____ Length _____	Size <input type="checkbox"/> 4" <input type="checkbox"/> 6"
Septic Tank	
Capacity _____ gallons <input type="checkbox"/> 2 compartments <input type="checkbox"/> New <input type="checkbox"/> Existing	
<input type="checkbox"/> Concrete <input type="checkbox"/> Polyethylene/Polypropylene	Manufacturer _____
Outlet Filter	
Manufacturer/Model _____	Location _____
Effluent Sewer (min. 0.2% slope)	
ASTM # <input type="checkbox"/> D3034-08 <input type="checkbox"/> D2665-12 <input type="checkbox"/> F891-10 <input type="checkbox"/> Other _____	
SDR _____ Length _____	Size <input type="checkbox"/> 4" <input type="checkbox"/> 6"
Dosing Tank	
Capacity _____ gallons <input type="checkbox"/> Concrete <input type="checkbox"/> Polyethylene/Polypropylene	
Manufacturer _____	
Effluent Pump (Attach pump performance curve and sizing worksheet)	
Manufacturer _____	Model _____
Effluent Force Main	
ASTM <input type="checkbox"/> D1785 <input type="checkbox"/> D2241 <input type="checkbox"/> Other _____	Size _____ Length _____
Distribution Box	
<input type="checkbox"/> Concrete <input type="checkbox"/> Poly	Manufacturer _____
<input type="checkbox"/> Baffle <input type="checkbox"/> Elbow with weep hole <input type="checkbox"/> Sanitary Tee	
Effluent Sewer (Header Pipes) (min. 0.2% slope)	
ASTM # <input type="checkbox"/> D3034-08 <input type="checkbox"/> D2665-12 <input type="checkbox"/> F891-10 <input type="checkbox"/> Other _____	
Absorption Field	
<input type="checkbox"/> Aggregate/Pipe <input type="checkbox"/> Stone <input type="checkbox"/> Gravel <input type="checkbox"/> Tire Chips	Size _____ <input type="checkbox"/> Washed
Aggregate Supplier _____	
Pipe ASTM <input type="checkbox"/> D3034-08 <input type="checkbox"/> D2665-12 <input type="checkbox"/> F891-10 <input type="checkbox"/> F810-07 <input type="checkbox"/> D2729-11	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Chamber	Brand _____ Model _____
<input type="checkbox"/> Elevated Sand Mound	
Aggregate <input type="checkbox"/> Stone <input type="checkbox"/> Gravel <input type="checkbox"/> Tire Chips	Size _____ <input type="checkbox"/> Washed
Aggregate Supplier _____	
<input type="checkbox"/> INDOT Spec 23 sand <input type="checkbox"/> Washed	Sand Supplier _____
Manifold ASTM <input type="checkbox"/> D1785 <input type="checkbox"/> D2241 <input type="checkbox"/> Other _____	Size _____
Laterals ASTM <input type="checkbox"/> D1785 <input type="checkbox"/> D2241 <input type="checkbox"/> Other _____	Size _____
<input type="checkbox"/> Other (additional component specifications required)	
Drainage (min. 0.2% slope)	
ASTM <input type="checkbox"/> F405-05 <input type="checkbox"/> F667-12 <input type="checkbox"/> NRCS 606	Size <input type="checkbox"/> 4" <input type="checkbox"/> 6"

Project Name _____ Location _____

Signature of Designer/Installer _____

Paid \$ _____

TIPTON COUNTY HEALTH DEPARTMENT

Permit # _____

101 E. Jefferson St. Tipton, Indiana 46072
Phone 765-675-8741 Fax 765-675-6952

Application for Approval of an On-Site Sewage Disposal System

Type of Installation: New (\$150.00) Replacement (\$100.00) Repair (\$100.00)
 Gravity Flood Dosed
 Pipe and Gravel Chamber Presby ATL Sandmound

<p style="text-align: center;">Property Owner</p> <p>Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ or _____ Email _____</p> <p style="text-align: center;">Septic Installer</p> <p>Name _____ Address _____ City _____ Phone _____ or _____ Email _____</p>	<p style="text-align: center;">Site Location</p> <p>Address _____ City _____ State _____ Zip _____ Township _____ T _____ N _____ R _____ E Part of the _____ 1/4 of the _____ 1/4 of the _____ 1/4</p> <p>Subdivision _____ Lot # _____ Acres _____ Parcel Number _____</p>
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Type of Building: **Residential** Single Family Dwelling Dual Family Dwelling
 Commercial Mobile Home Park Restaurant Campground
 Grocery Store Apartments Church
 Motel Daycare School
 Other (please specify) _____

Manufacturers: Septic Tank: _____ Size _____ gal.
Dosing Tank: _____ Size _____ gal.
Chamber System: _____ Model # _____
Effluent Filter: _____ Brand _____

House Plan: Number of Bedrooms: _____ Number of Jetted Tubs (>125gals) _____
 Public Water Supply Existing Well Proposed Well

Absorption Area: # of Trenches _____ Length of Trenches _____ Depth of Trenches _____ SAF Sq. Ft. _____
Does surface water ever pond or stand in the area where the absorption area is to be located? _____

I, the undersigned, affirm that the above information and/or representations are true and I do certify that the On-Site Sewage Disposal System will be installed to meet the State requirements Rule 410 IAC 6-8.1, and requirements of Tipton County Health Department.

Date _____ Applicant/Agent Signature _____

I hereby issue a permit for the installation of an On-Site Sewage Disposal System for the above mentioned location as prescribed by the Indiana State Dept. of Health Rule 410 IAC 6-8.1 and Tipton County Septic Ordinance.

Date _____ Sanitarian: _____ Health Officer: _____

This Tipton County Septic Permit, when issued, is valid for Two (2) years or until the septic has been inspected and approved by Tipton County Health Department, whichever comes first.

I have this _____ day of _____, 20____ inspected the On-Site Sewage Disposal System at the above mentioned location and find it to be in compliance with the Rules and Regulations of Indiana State Dept. of Health and Tipton County Health Department.

Sanitarian's Signature: _____