

## **MADISON COUNTY HEALTH DEPARTMENT**

### **APPLICATION PROCEDURE FOR ON-SITE SEWAGE DISPOSAL SYSTEMS**

- 1. Submit written soil evaluations from a certified soil scientist. (ISDH listing for Madison County included.)**
- 2. Complete and submit application to MCHD. A \$50.00 application fee must be included with the application. (cash, MO, check-made payable to MCHD)**
- 3. Attach an outline and/or map of the property. Please include property dimensions, and proposed home location.**
- 4. Based on a soil report, and a visit to the site/property, the Madison County Health Department will determine the type and specifications for the sewage disposal system. The applicant will receive this information in writing. This may take a few days depending on schedule and weather.**
- 5. Installation plans must be submitted to MCHD for review based on the written requirements issued by this Department. Plans should include a complete system layout/diagram, as well as elevations of all components, including inlet and outlet elevations. Plans should show all structures, property lines, water wells, types of components used, and any other information that may be specific or relevant to the site. This plan must be designed by the installer or his/her agent. (The installer shall be bonded \$10,000 permit/license bond with the MCHD.)**
- 6. Upon installation plan approval, the applicant must obtain a property address from the Madison County Planning Commission for new home sites. Following plan approval, and once an address for new sites has been obtained, the applicant may purchase a sewage disposal system permit for \$150.00. The permit will be valid for 1 year after the date of purchase.**

**MADISON COUNTY HEALTH DEPARTMENT**

206 East 9<sup>th</sup> Street – Anderson, IN 46016

Phone: 765.641.9523 Fax: 765.641.9203

**RESIDENTIAL ONSITE SEWAGE DISPOSAL SYSTEM APPLICATION**

**New Construction**\_\_\_\_\_

**Repair or Replace Existing System**\_\_\_\_\_

Date of Application\_\_\_\_\_ Applicant Phone\_\_\_\_\_

Name of Applicant\_\_\_\_\_

Mailing Address of Applicant\_\_\_\_\_

Name of Property Owner\_\_\_\_\_

Address of Property Owner\_\_\_\_\_

Site/Property Address\_\_\_\_\_

Complete and Accurate Instructions for getting to Site\_\_\_\_\_

\_\_\_\_\_

Soil Evaluation provided by\_\_\_\_\_

Installer Name\_\_\_\_\_ Installer Phone\_\_\_\_\_

Number of Bedrooms\_\_\_\_\_ Water Supply: Municipal\_\_\_\_\_ Private (well)\_\_\_\_\_

**Parcel ID Number**\_\_\_\_\_

Any installer, other than the property owner, must be bonded with the Madison County Health Department in the amount of \$10,000 (license or permit bond) prior to the installation or repair of an onsite sewage disposal system.

Please include an outline of the property, and/or attach a copy of the survey. Please include all property lines and property dimensions, proposed and existing structure locations, well location, driveways, fence lines, patios, creeks, ponds, swimming pools and any other information that may be necessary for the site.

Completion of this application will not guarantee issuance of a permit.

The property owner and/or his/her agent certifies that to his/her knowledge that all information submitted is correct and the system will be installed in compliance with ISDH Rule 410 6-8.3, and any other local ordinances if applicable.

This office does not guarantee long-term sewage disposal under any circumstance.

Date\_\_\_\_\_ Owner/Agent Signature\_\_\_\_\_

**Health Department Use Only – Do Not Write in This Section**

**APPROVED SYSTEMS**

Gravity Feed \_\_\_\_\_ Flood Dosed \_\_\_\_\_ Elevated Sand Lined System\* \_\_\_\_\_ (Mound/ATL/Presby)

\*Elevated Sand Lined System specs can be provided upon request once the owner/agent determines which system they intend to use.

**Minimum System Requirements**

Absorption Field \_\_\_\_\_ Sq Ft    Absorption Field if Using Chambers \_\_\_\_\_ Sq Ft    Tank Size \_\_\_\_\_ Gallons

Dosing Tank Size \_\_\_\_\_ Gallons    Dosing Pump Volume \_\_\_\_\_ GPD    \_\_\_\_\_ GPM

Trench Depth (Gravity Fed) Min \_\_\_\_\_ Max \_\_\_\_\_ Trench Depth (Flood Dosed) Min \_\_\_\_\_ Max \_\_\_\_\_

**Drainage**

Drainage Required: Yes \_\_\_\_\_ No \_\_\_\_\_ Around Entire System \_\_\_\_\_ Upslope Only \_\_\_\_\_ Site Slope \_\_\_\_\_ %

Drain Depth \_\_\_\_\_

If the perimeter drain outlet is being connected to a county regulated drain, permission must be obtained in writing, from the Madison County Surveyors Office and provided to this office. All parts of the sewage disposal system must be at least 50 feet from any water well.

**Notes**

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System type is based upon an onsite evaluation conducted by this office, a written soil report from a qualified soil scientist and ISDH Rule 410 IAC 6-8.3. Some sites may require a more extensive system depending on location and layout of the property.

This application will be considered pending until all information deemed necessary by the Health Officer or his/her designee, has been provided to the Madison County Health Department by the owner/agent. No permit will be issued until all information is provided by the owner/agent and approved by the Health Officer or his/her designee.

Madison County Health Department  
206 East 9<sup>th</sup> Street  
Anderson IN 46016  
Phone: 765.641.9523 Fax: 765.646.9203

Partial list of soil scientists who have worked in Madison County. A full list may be accessed at [www.oisc.purdue.edu/irss/roster.html](http://www.oisc.purdue.edu/irss/roster.html).

**Thomas F. Adams**

Professional 72  
Adams Environmental Corp  
PO Box 3206  
Anderson, IN 46018  
Work Phone: 888.335.0661  
Fax: 765-609-7812  
E-mail: [adamssoilseptic@gmail.com](mailto:adamssoilseptic@gmail.com)

**Vicki Adams**

Professional 132  
Adams Environmental Corp  
PO Box 3206  
Anderson IN 46018  
Work Phone: 888.335.0661  
Other Phone: 765.609.7810  
E-mail: [adamssoilseptic@gmail.com](mailto:adamssoilseptic@gmail.com)

**Gregory W. Buckingham**

**Professional 96**  
419 N High St  
Union City IN 47390  
Phone: 765-964-3323  
E-mail: [gbuckingham@woh.rr.com](mailto:gbuckingham@woh.rr.com)

**Lewis B. Flohr, III**

**Professional 22**  
629 E St Rd 26  
Frankfort, IN 46041-7702  
Phone: 765-258-3344  
Toll Free: 800-368-3235  
Fax: 800-368-3235  
E-mail: [lflohr@geetel.net](mailto:lflohr@geetel.net)

**Jerry W. Heltsley**

**Professional 89**  
Soil Strata LLC  
6162 W Brickell Ln  
McCordsville, IN 46055  
Phone: 812-798-1316  
E-mail: [jheltsley3601@comcast.net](mailto:jheltsley3601@comcast.net)

**Gregory L. Henderson**

**Professional 57**  
9099 Pipe Creek Rd  
Metamora, IN 47030  
Phone/Fax: 800-841-4992  
Home Phone: 765-647-1333  
E-mail: [greg43@aol.com](mailto:greg43@aol.com)

**Gary Hudson**

**Professional 40**  
GSH Inc Soil Consulting  
PO Box 42  
Peru, IN 46970  
Phone: 574-382-5707  
Cell: 765-863-0431  
E-mail: [garyludson@yahoo.com](mailto:garyludson@yahoo.com)

**Mark S. McClain**

**Professional 79**  
10740 Cheryl Court  
Carmel, IN 46033  
Cell: 765-212-7645  
E-mail: [mmclain1313@gmail.com](mailto:mmclain1313@gmail.com)

**Michael L. Wigginton**

**Professional 62**  
Minnehaha Soil Consulting LLC  
8425 W 85th Street  
Indianapolis, IN 46278  
Phone: 317-297-8679  
E-mail: [mlwigginton@sbcglobal.net](mailto:mlwigginton@sbcglobal.net)

**Thomas Ziegler**

**Professional 33**  
Ziegler Soil Consulting Inc  
42 Canyon Creek Circle  
Lafayette, IN 47909  
Phone: 765-474-3041  
Toll Free: 800-621-4400  
Fax: 765-474-7741  
E-mail: [ThomasRZiegler@aol.com](mailto:ThomasRZiegler@aol.com)