



St. Joseph County Health Department

“Promoting physical and mental health and facilitating the prevention of disease, injury and disability for all St Joseph County residents”

SEPTIC PERMIT

DESIGN/DRAWING SUBMITTAL

This sheet must be completed and submitted with any design or drawing prepared as part of an application for a St. Joseph County Septic Permit including any revision to a drawing.

Administrative Information:

Application Number: _____

Site Address: _____

Pump Assisted Work Sheets: (check those that are attached)

Flood dose: _____ Pressure distribution: _____

Mound: _____

Drawing Designation (Check one):

This is the original submittal. _____

This design/drawing supercedes all previously submitted designs/drawings. _____

This design/drawing is an addendum to the previously submitted design/drawing. _____

Certification:

I certify that the proposed septic area is:

_____ Staked and roped with proper signage for new construction, or

_____ Marked for the proposed location of ends of trenches, tanks, manifold, distribution box, utilities and where applicable, the four corners of the aggregate bed on a mound for a replacement system or repair.

I certify all staking, roping, and marking is in accordance with the requirements of St. Joseph County Septic Code 24.04 and policies of the Health Department. **If the septic system is not staked and roped for new construction or marked for replacement or repair, this application will be rejected.**

Company

Signature

Date