



**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, including worksheets, prepared as part of an application for a St. Joseph County Septic Permit including any revision to a drawing.

**Administrative Information:**

Applicant: \_\_\_\_\_

Application Number: \_\_\_\_\_

Site Address: \_\_\_\_\_

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

Flood dose: \_\_\_\_\_ Pressure distribution: \_\_\_\_\_ Mound: \_\_\_\_\_

**Variance: One must be checked for an original submittal.**

\_\_\_\_\_ Design meets specifications and/or new construction standards therefore a variance is not required.

\_\_\_\_\_ A complete, signed variance, including signature/s, is attached.

\_\_\_\_\_ A revised, completed, signed variance is attached.

**Drawing Designation (Check all that apply):**

\_\_\_\_\_ This is the original submittal and I have completed the above variance section.

\_\_\_\_\_ This design/drawing supersedes all previously submitted designs/drawings.

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

\_\_\_\_\_ This information/design/drawing is in response to a Notice of Deficient Application or other communication as requested by \_\_\_\_\_ (Health Dept, staff member)

**Certification: Do not submit the design/drawing prior to site marking, staking and/or roping.**

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 and the basal area 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 51 and policies of the Health Department. **If the septic system is not staked and roped for new construction or marked for replacement or repair, I understand that this application will be rejected.**

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date