



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 SYSTEM

CONSULTATION REQUEST

Type of Consultation Requested: _____ **Date Requested:** _____
 Check one: **Specifications** _____ (Soil borings must be attached) or **Other** (Specify below) _____

Requested By:
 Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Work #: _____ Fax #: _____

Site Location:
 Street Address: _____ City: _____

Subdivision: _____ Phase: _____ Lot #: _____

Directions: _____

Type of System:
 Check one: Residential _____ Commercial _____

Check one: New Construction _____ Replacement _____

Dwelling Information: (For residential properties only)
 Number of Bedrooms: _____ Type of Water Supply (Check one): Private _____ Public _____

Is there a jetted bath tub greater than 125 gal: Yes _____ No _____

Is the property within the 100 Year Floodplain? Yes _____ No _____

Is municipal sewer available within 100 feet of property: Yes _____ No _____

Disclaimer:
 The specifications, recommendations, and opinions issued in response this consultation request are based on limited information and investigation. They are intended as a guide to the requestor and shall not be construed to be definitive determinations. The Health Department shall not be held responsible for any decisions based on this Consultation Request or for changes in our guidance based on a reevaluation of the information or on additional information or investigation.

If the requestor requires a more definitive determination they should contact a contractor/consultant or submit a full application for a septic permit and supply all of the required information.