

# FLOYD COUNTY HEALTH DEPARTMENT

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1917 Bono Road  
New Albany, Indiana 47150-4607  
Website: [www.floydcountyhealth.org](http://www.floydcountyhealth.org)

Telephone (812) 948-4726  
Fax (812) 948-2208

December 12, 2018

**To:** Floyd County Licensed Septic Installers  
**Re:** Changes beginning January 1, 2019

This letter is in regards to the changes that will take place for plan submittals in January 2019. At the annual Installer's meeting that was held on July 26, 2018, it was discussed that FCHD will begin requiring a site plan from installers on gravity systems (both new and repair sites) beginning on January 1, 2019.

Currently we do not require a site plan for gravity systems (except sand-lined systems) on new or repair/replacement sites. For onsite systems requiring a pump that are installed for **new construction** homes, a site plan to scale from a licensed surveyor or engineer is required (i.e. Flood dosed to chambers, sand-lined systems, Elevated Sand Mounds, and subsurface drip systems). FCHD does not require a licensed surveyor or engineer to submit a site plan on repair/replacement sites (except subsurface drip systems).

At the meeting, a lot of helpful information was presented by Julia Hayes, ISDH explaining items that **should be** included on site plan submittals (i.e cross sections of tanks, d-box, trenches, drains, etc). Although the information and guidance was very helpful in explaining pertinent items to be included on plan submittals, FCHD **will not** be requiring all these items.

I have enclosed the two documents that FCHD will be requiring for site plan submittals on gravity systems, including a graph sheet for the drawing and a checklist sheet. FCHD is **only** requesting the items on the checklist sheet be included on the site plan, with the addition of elevation shots from the house to tank, tank, tank to d-box and lateral lines (3 shots on each line), and drain if required (3 shots on drain plus outlet(s)). These are components that FCHD already requires to be located for the site survey; the only change is now we are requesting that you write it down on paper for our review. This applies to the primary site and set-a-side area.

FCHD **is not** requiring these site plans be to scale, but is just requesting accuracy of locations of structures, components, etc. FCHD will also be flexible with the elevation shots between the house and the tank, as we know this is somewhat dependent upon the builder. I have also included a completed, sample drawing and OSS Design submittal checklist sheet to help understand what we are requesting. We want to keep an open line of communication with our installers, so that you may notify us if there are changes to the approved plans. Again, the site plan drawing will provide better documentation and accountability that the system approved is the system being installed.

At this time, we have not changed our process with submitting the plans for review and then requesting the site survey (48 hours notice), but any changes to this process will be communicated to you promptly. I hope this letter clarifies any questions or concerns that were not voiced at the meeting, but if you have any additional questions, please feel free to give me a call at 812-948-4726 ext. 661 or email me at [dstackhouse@floydcounty.in.gov](mailto:dstackhouse@floydcounty.in.gov).

Sincerely,



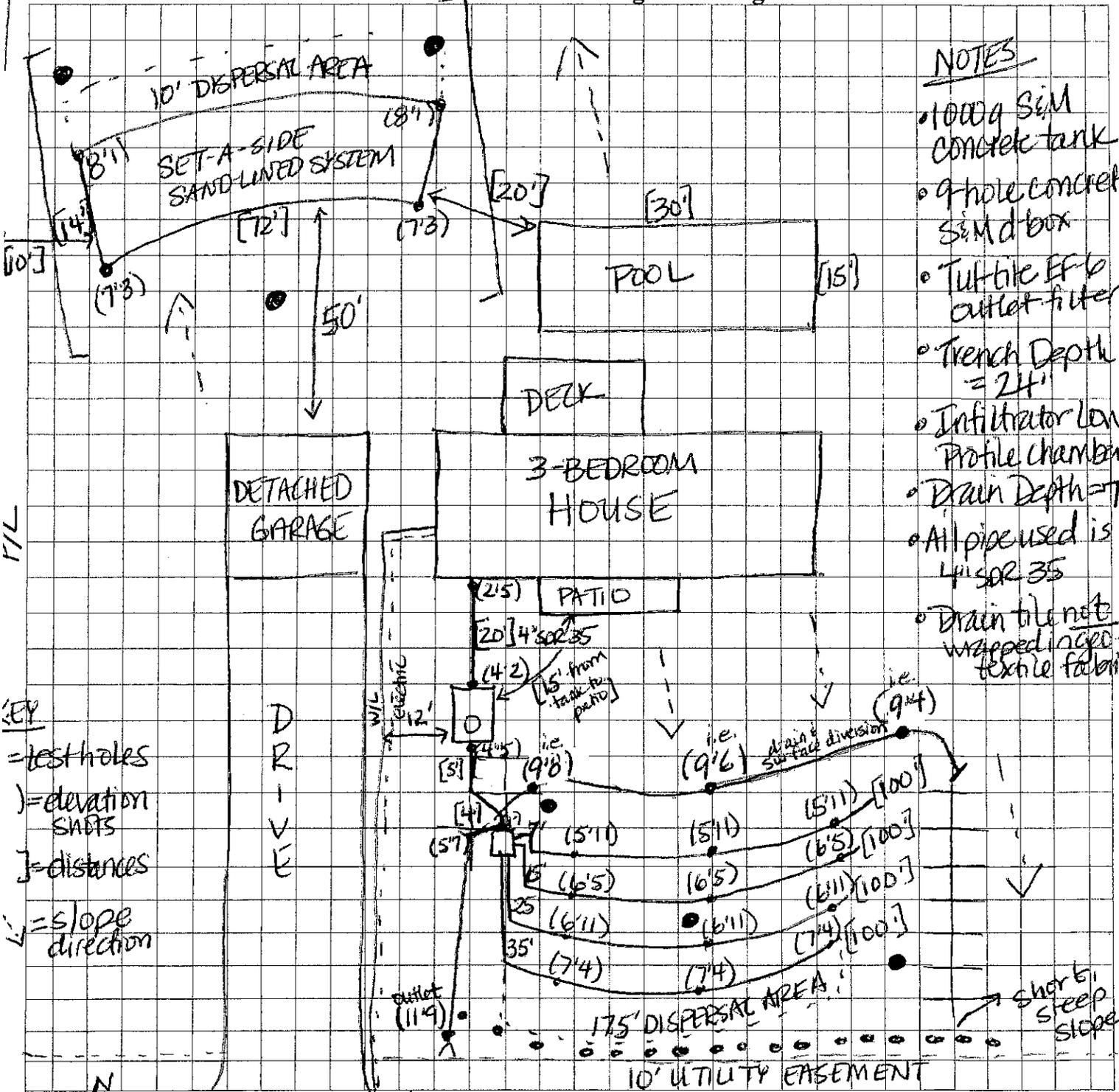
Dawn Stackhouse,  
Environmental Supervisor, FCHD

**FLOYD COUNTY HEALTH DEPARTMENT**  
**OSS Design Submittal - Plan Review - Field Inspection**  
**Conventional Gravity**

**(SAMPLE PLAN)**

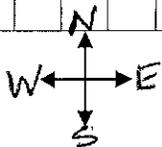
Owner's Name: <b>John Smith</b>	Site Location: <b>123 Smith Rd.</b>
OSS Contractor's Name: <b>Dawn Stackhouse</b>	Mailing Address: <b>1917 Bond Rd. New Albany, IN 47150</b>
	Phone No: <b>812-948-4726</b>

**Site Plan and OSS Design Drawing**



- NOTES**
- 1000g S&M concrete tank
  - 9 hole concrete S&M d box
  - Tuft tile EFB outlet filter
  - Trench Depth = 24"
  - Infiltrator low-profile chambers
  - Drain Depth = 71"
  - All pipe used is 4" S&R 35
  - Drain tile not wrapped in geotextile fabric

**KEY**  
 • = test holes  
 ( ) = elevation spots  
 [ ] = distances  
 ↘ = slope direction



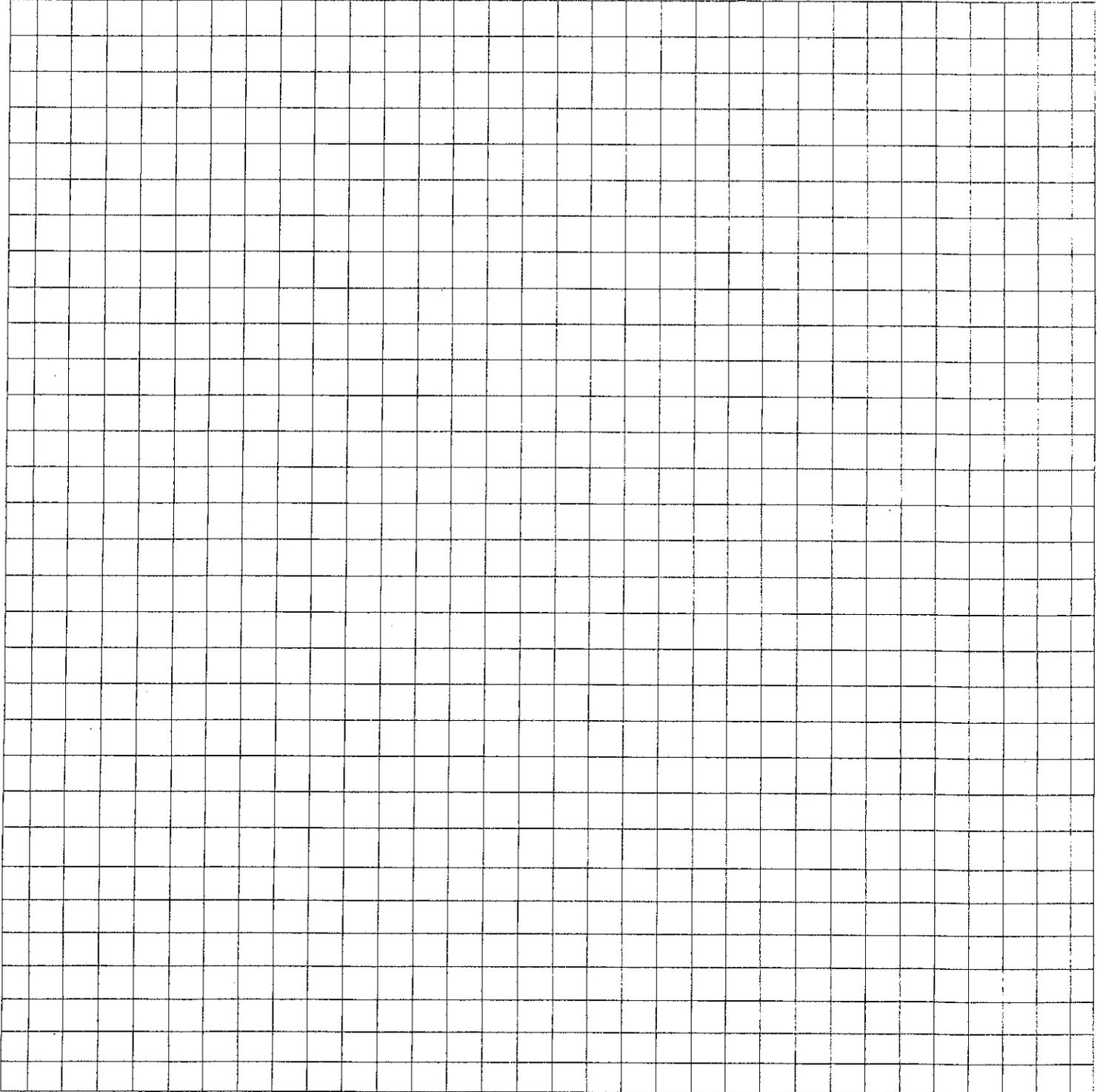
\* NOT TO SCALE \*

OSS DESIGN SUBMITTAL	Located on Plan or N/A	FIELD INSPECTION
<b>The following must be located on the plans: (Check N/A on right if this does not apply to this property)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Residence	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
Other Structures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
Well/Public Water Supply	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
Pond/Lake/Reservoir	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
River/Stream/Ditch/Drain Tile	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	
Pools	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driveway	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Lines	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
Utility Easements	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
Regulatory Flood Elevation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	
Directional North	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
Slope of Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
Soil Boring/Pit Location	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
Geothermal Wells	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	
Location of existing system(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	
All components of System	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
Residential Sewer Pipe	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
Septic Tank	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
Effluent Sewer Pipe (septic tank to d-box, d-box to trenches)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
Distribution Box(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
Trenches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
Subsurface Drain (including surface diversion)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
List Separation Distances if Plan is Not to Scale	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
List Pipe Lengths if plan is not to scale	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	

\_\_\_\_\_ COUNTY HEALTH DEPARTMENT  
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Owner's Name _____	Site Location _____	
OSS Contractor's Name _____	Mailing Address _____	Phone No. _____

**Site Plan and OSS Design Drawing**



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