



OSWAP Approval Form

Requires County Signatures for (1) Preconstruction Site Visit and (2) Final Inspection
AND Applicant's Signature

THIS SECTION TO BE COMPLETED BY HOMEOWNER

Owner's Name: _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Property Address: _____

Property is connecting to a Publicly Owned Treatment Works (if Yes, skip to signature at #6): Yes No

Home: # Bedrooms (BRs) _____ Other: (e.g. Shop, Office, etc.) _____

THIS SECTION TO BE COMPLETED BY COUNTY OR THIRD PARTY SOIL EVALUATOR

Soil Evaluation: A percolation test or professional soil analysis is required for any soil absorption system prior to issuance of a construction permit.

- (1) Percolation test. A percolation test must be conducted on site by either county personnel or a knowledgeable person as specified in 567 IAC Chapter 69, Appendix B. Documentation of the data collected in Appendix B must accompany this application.
- (2) Professional soil analysis. A professional soil analysis must be performed on site by a knowledgeable person evaluating the soil characteristics, such as color, texture, and structure, in order to determine an equivalent percolation or loading rate. A person performing a professional soil analysis shall demonstrate training and experience in soil morphology, such as testing absorption qualities of soil by the physical examination of the soil's color, mottling, texture, structure, topography, and hillslope position. A copy of the professional soil analysis shall accompany this application.

Is Site Suitable for Soil Absorption System? Yes No

Soil Test Method (check one or both boxes): Percolation Test Soil Evaluation

Soil Absorption Rate: _____ (Minutes/Inch) Other Factors: _____

Limiting Layer Depth: _____ Limitation Type (Rock, Impervious Clay, Groundwater): _____

- I personally performed a percolation test/professional soil analysis (check one or both boxes) for the site listed above. This site is suitable for a soil absorption system or;
- I personally determined depth of confining layers and a sand filter is suitable and will be used or;
- I personally determined that an alternative system will be used.

Printed Name: _____

Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY COUNTY

County: _____ County Construction Permit #: _____

OSWAP Loan is for one of the following Replacement Repair Connection to POTW

System Design Flow in Gallons/Day: (150 x #BRs, if a home) _____

1. Septic Tank: # Tanks _____ Total Capacity (Gallons): _____ Material (Concrete, Plastic): _____

2. Secondary Treatment System:

a. Soil Absorption: Type _____ Length _____ Width _____ Depth _____

b. Sand Filter: Distribution Type _____ Length _____ Width _____

c. Other: (e.g. Media filter, ATU, etc.) Type _____ Model (if applicable) _____

Brand (if applicable) _____ Disinfection (chlorine/UV) _____

3. Does discharge reach a tile line or water of the state? Yes No NPDES GP #4 Applied For? Yes No

4. Waiver issued by County? Yes No (If yes, include copy of waiver with application)

5. System Management Plan (required): The homeowner is required to provide regular maintenance and monitoring to the system for the life of the loan. This is typically an agreement to clean the effluent filter annually and pump the septic tank every three to five years, for a soil based system, or a maintenance contract with the system manufacturer, for a packaged treatment or ATU. Indicate the type of management plan the homeowner has agreed to.

6. County Review and Approval:

I personally conducted a pre-construction site evaluation on _____. I have reviewed this OSWAP application and have determined that the proposed work meets the applicable provisions of 567 IAC Chapter 69 and all relevant local provisions for the siting and construction of this onsite wastewater treatment and distribution system. The construction permit issued for this system and a percolation test/professional soil analysis (if applicable) is attached to this application.

Plan Approved Printed: _____ Date: _____
Signed: _____ Date: _____
County Representative

7. Signature of Applicant Printed: _____ Date: _____
Signed: _____ Date: _____

8. Final Inspection: I personally conducted a post-construction final inspection on _____. The system as installed meets the applicable provisions of 567 IAC Chapter 69 and all relevant local provisions for the siting and construction of this onsite wastewater treatment and distribution system.

Completed System Approved Printed: _____ Date: _____
Signed: _____ Date: _____
County Representative