

Parke County Health Department  
116 W. High Street, Room 12  
Rockville, Indiana 47872  
Phone (765) 569-4071  
Fax (765) 569-4061  
Email: [sanitarian@parkecounty.in.gov](mailto:sanitarian@parkecounty.in.gov)

## Information Packet for Obtaining a Permit for an On-Site Sewage Disposal System

The following steps are required in order to obtain a permit for both Commercial and Residential On-Site Sewage Disposal Systems in Parke County. Design specifications and approval are also required from the Indiana State Department of Health for all commercial systems installed in the state.

1. A soil evaluation must be completed by a professional soil scientist registered with the Indiana Registry of Soil Scientist. A report of this soil evaluation must be submitted to the Parke County Health Department. A list of soil scientists in our area is provided with this packet.
2. The Parke County Health Department will issue "System Requirements." This is **NOT** the permit.
3. A design of the proposed on-site system must be prepared by a system installer. A copy of the system design plans and material/component checklist must be submitted to the Parke County Health Department.
4. Submit a complete septic permit application and pay the applicable permit fee.
  - a. Provide one (1) copy of the floor plan (if new construction.)
  - b. Provide a copy of the deed with full legal description.
  - c. Provide a copy of recorded easement (if applicable.)
5. The Parke County Health Department reviews the system design, performs an on-site evaluation (field must be staked and protected), and if in compliance with 410 IAC 6-8.2 may issue septic permit.
  - a. An on-site sewage disposal permit must be issued by the Health Department prior to the installation of the system and prior to obtaining a construction permit from the Parke County Planning and Zoning Office. The permit fee for all residential on-site systems is \$75.00. The permit fee for all commercial on-site systems is \$100.00. Permits are good for one (1) year.
6. The issued permit must be kept on the job site while work is being performed.
7. Upon completion of all the steps the septic system may be installed. A final inspection conducted by the Parke County Health Department will be completed and a copy will be provided for the homeowner, installer, and a copy will be kept on file in our office.
  - a. The septic contractor must notify the Parke County Health Department 48 hours prior to excavation/installation.

# Local Soil Scientists

For a complete listing of available Indiana Registered Soil Scientists go to:  
[www.oisc.purdue.edu/irss/roster.html](http://www.oisc.purdue.edu/irss/roster.html)

Parke County Health Department requires two (2) soil descriptions per Soil Evaluation Survey Report, and must contain all information required as stated in 410 IAC 6-8.2-68. The Parke County Health Department may refuse any Soil Evaluation Survey Reports that do not meet 410 IAC 6-8.2-68 and/or with less than two (2) soil descriptions. We may require additional soil testing before proceeding with the septic system permit process.

<p>Amber Willen Professional 130 A Horizon Above Soil Consulting 2658 Rey Cemetery Road Freedom, IN 47431 Telephone: 812-859-6337 Toll-Free Telephone: 866-353-3155 E-mail: <a href="mailto:aswillen@iendeavor.com">aswillen@iendeavor.com</a></p>	<p>Thomas Ziegler Professional 33 Ziegler Soil Consulting, Inc. 42 Canyon Creek Circle Lafayette, IN 47909 Work Telephone: 765-474-3041 Toll-Free Telephone: 800-621-4400 Fax: 765-474-7741 E-mail: <a href="mailto:thomasziegler@aol.com">thomasziegler@aol.com</a></p>
<p>Randy E. Staley Professional 71 Staley's Soil Service, Inc. 8034 S. SR 157 Clay City, IN 47841 Work Telephone/Fax: 812-939-2752 Toll-Free Telephone: 800-773-3250</p>	<p>Mark S. McClain Professional 79 Soils1® Soil Science Experts 10740 Cheryl Court Carmel, IN 46033 Work Telephone: 765-212-7645 Email: <a href="mailto:mmclain1313@gmail.com">mmclain1313@gmail.com</a> <a href="http://www.linkedin.com/in/marksmcclain/en">www.linkedin.com/in/marksmcclain/en</a></p>

# Local On-Site Sewage System Installers

01-23-2023

Baker Septic Service, Mike Frazier / 765-653-2961  
Barrett Excavating / 812-208-6256  
Beverly Plumbing & Heating, Inc. / 765-832-7654  
Ronnie Black, Jr. / 765-719-1461  
Duane Boller / 765-366-0342  
Call Excavating, Gary Call / 765-672-8298  
Brent Chandler / 812-298-9896  
Crane Excavating, Todd Crane / 765-548-0344  
Josh Foxworthy / 765-592-2152  
Graham Excavating, Craig Graham / 765-366-7778  
Jason Hanson / 765-562-3478  
Parke Investment Co, Kevin R Kelly / 765-344-0044  
Slavens Excavating, Nate Slavens / 765-401-4275  
Square & Level Construction, Dan Collom / 812-236-4248  
Raymond Stull / 765-366-6430  
TNT Excavating, Brent Turner / 765-376-1082  
Walker Drainage & Excavating, Kaleb Walker / 812-243-7188  
Worley Concrete & Excavating, Brian Worley / 765-548-2835

**Parke County Health Dept.**

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**APPLICATION FOR ONSITE  
SEWAGE SYSTEM PERMIT**

\_\_\_\_ Residential (\$75.00) \_\_\_\_ Commercial (\$100.00)  
Please complete Credit/Debit Card Payment Authorization Form  
(attached) for payment by credit/debit card.

**Please complete the information on this page:**

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Owner's mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**DIRECTIONS to site:**

\_\_\_\_\_  
\_\_\_\_\_  
Nearest crossroads: \_\_\_\_\_ Distance to property \_\_\_\_\_  
Nearest mailbox number: \_\_\_\_\_ Distance to property \_\_\_\_\_  
Landmarks noticeable from road (i.e. buildings, ponds, etc.) \_\_\_\_\_

**We will need a copy of the deed.**

Water supply: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Well \_\_\_\_\_ Spring \_\_\_\_\_ Other \_\_\_\_\_

Number of bedrooms \_\_\_\_\_ Number of bathrooms \_\_\_\_\_ Number of people in house \_\_\_\_\_

Number of jetted bathtubs (whirlpool-type 125 Gal & over) \_\_\_\_\_ Est. Sq. Footage of House \_\_\_\_\_

Name, address, phone# of installer \_\_\_\_\_

Name, address, phone# of builder \_\_\_\_\_

**Non-refundable application fee is required before a permit can be issued. This is an application only, not a permit.**

*I have read this application and hereby certify that, to the best of my knowledge, the information on this sheet is correct.* In addition, the water supply and sewage facilities for this building will be installed strictly in accordance with all provisions of Indiana State Law 410 IAC 6-8.3, and with the Parke County Sewage Disposal Ordinance. I will allow Parke County Health Department personnel onto the property at any time for inspections of the septic system.

**A permit may be revoked by the Parke County Health Department for failure to comply with Indiana State Department of Health Rule 410 IAC 6-8.3 and/or any other applicable regulations.** (Revocation of the permit shall be in writing to the property owner and/or their agent; shall state the reasons for revoking the permit; remedial actions necessary; and upon written request afford the applicant the opportunity for a fair hearing.)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Parke County Health Department

## Credit/Debit Card Payment Authorization Form

The completion and signing of this form authorizes the Parke County Health Department use of the credit/debit card information listed below. The Parke County Health Department also has permission to debit the account for any fees due to applicant, including a Convenience Fee of \$1.00 + 1.99%. Please complete fully.

I, \_\_\_\_\_ **[printed name]** authorize the Parke County Health Department to charge my credit/debit card account in an amount due for licenses, permits, or vital record searches and/or certificates on or after \_\_\_\_\_ **[date]**.

**Signature** \_\_\_\_\_

I authorize the above named to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This authorization is limited to one use. I certify that I am an authorized user of the afore mentioned card. I will not dispute the payment with the credit card company; so long as the transaction corresponds to the terms indicated in this form.

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### Office Use Only

OTC Local Reference ID #: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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### Please Fill Out Card Information

Account Type (Choose One):     Visa         MasterCard         Discover

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code (3 Digit): \_\_\_\_\_