DISTRICT COST-SHARE PROGRAM

RESIDENTIAL ONSITE SEWAGE SYSTEMS

INFORMATION PACKET

Steuben County Soil and Water Conservation District
Peachtree Plaza 200, 1220 N 200 W, Suite L
Angola, IN 46703

Effective: January 1, 2026

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Background

Throughout Steuben County, failing Residential Onsite Sewage Systems[1] are often identified as potential sources of pollution that contribute to both public health and environmental concerns. One of the primary barriers to effective system maintenance and performance is the significant financial burden placed on homeowners. The absence of financial incentives often delays necessary maintenance, repairs, and upgrades creating a major obstacle in preventing system failure and protecting water quality.

Introduction

The Steuben County Soil and Water Conservation District (SWCD) **District Cost-Share Program for Residential Onsite Sewage Systems** is designed to provide financial assistance to Steuben County homeowners for onsite sewage system maintenance, repairs, replacement, and abandonment to connect to available sanitary sewer systems.

Purpose

The Steuben County SWCD developed the District Cost-Share Program to enable homeowners to address onsite sewage system issues that may impact local water quality. Aging or failing systems can release untreated or partially treated wastewater into the environment, increasing the risk of nutrient and bacterial contamination in nearby waterbodies. By providing financial assistance for necessary improvements, the program aims to reduce the potential for wastewater pollution and protect Steuben County's valuable water resources.

Contact Information

Steuben County Soil and Water Conservation District
(260) 665-3211, ext. 3
steubenswcd@gmail.com

Steuben County Health Department
(260) 668-1000, ext. 1500

The Steuben County Health Department is the local regulatory authority responsible for permitting, inspecting, and enforcing regulations for residential onsite sewage systems in Steuben County. All permits, applications, and inspections are handled directly through their office.

[1] For the purpose of this program, the term "Residential Onsite Sewage System" is defined in the Glossary Section located on Page 19.

District Cost-Share Program Overview

The District Cost-Share Program for Residential Onsite Sewage Systems includes multiple categories of assistance based on the type of work required. Reimbursement rates vary depending on the practice and available program funds.

Available Cost-Share Practices

- Maintenance
- Repairs
- Replacement
- Sanitary Sewer Connection

Applicants may begin with the Maintenance Practice; however, eligibility for Repairs and Replacement is only established following a formal inspection. For an inspection to be considered "formal", the Authorized Septic Service Provider[2] must complete the **Steuben County Onsite System Inspection Form**. The form must be submitted with the applicants' **District Cost-Share Program for Residential Onsite Sewage Systems Application**. Requests for system repairs and/or replacement will only be considered when the inspection form verifies the system's condition and identifies the work required to bring it into compliance.

Approval of one practice does not guarantee approval for another. All approvals are subject to Steuben County SWCD Board of Supervisors review and available program funds.

Specific details regarding program eligibility requirements, practice descriptions, reimbursement rates, project completion deadlines, required documentation standards for reimbursement, and application/reimbursement procedures are outlined in subsequent sections of this document**.**

The **District Cost-Share Program for Residential Onsite Sewage Systems Application** and the **Steuben County Onsite System Inspection Form** are provided at the end of this document.

[2] The term "Authorized Septic Service Provider" is defined in the Glossary Section located on Page 19.

Program Eligibility Requirements

- The applicant must submit an application to the Steuben County SWCD and receive Board of Supervisors' approval BEFORE any work begins on the existing system for all available cost-share practices. No reimbursements will be issued for work started prior to approval.

  Note: *The final application approval will take place at the monthly Steuben County SWCD Board meeting. These meetings are held on the second Wednesday of each month in the Angola USDA Service Center Conference Room, located at Peachtree Plaza 200, 1220 N 200 W, Suite L, Angola IN, 46703, at 5:00 PM, and are open to the public.* ***Applicants are not required to attend the meeting. Date and time are subject to change, and any updates will be provided on the SWCD Facebook page and website.***

- The property must be located in Steuben County, Indiana, and have a residential onsite sewage system in use at an existing site.

- The applicant must either own property outright or be current on the mortgage, contract for deed, etc., secured on the property. If more than one owner is listed on the deed, all owners must sign a Control of Land Certification form, which can be obtained by contacting the SWCD office.

- Properties under non-recorded land contracts are NOT eligible.

- Properties that are for sale, in foreclosure, or undergoing ownership transfer are NOT eligible.

- New home construction or expansion projects requiring a septic upgrade are NOT eligible.

- Sewage Holding Tanks[3] are NOT eligible for cost-share funding.

- All cost-share funds are nontransferable.

[3] The term "Sewage Holding Tank" is defined in the Glossary Section located on Page 19.

Practice Description

Maintenance – Inspection & Pumping Services

Cost-share assistance for the **Maintenance Practice** will cover only the activities necessary to maintain proper system function and reduce the risk of failure - including routine inspections and pumping services.

Eligible Expenses

Covered expenses may include, but are not limited to the following:

- Labor for inspection (e.g., locating and accessing the tank, examining tank integrity, septage/effluent levels, risers, inlet/outlet fittings, baffles/tees, outlet filter, effluent pump, diversion valve, distribution box, soil absorption field, trenches, dispersal area, and drainage capacity)
- Cleaning and rinsing the tank interior, and/or outlet filter
- Pumping and hauling septage (sludge/scum) to a permitted disposal facility
- Travel or mileage costs incurred by the Authorized Septic Service Provider
- Additional fees associated with difficult access (e.g., buried lids, long hose run)

Ineligible Expenses

No additional system repairs, full system replacements, or sanitary sewer connections are eligible under the Maintenance Practice. If your system requires more than routine maintenance, please refer to other available cost-share practices for further assistance.

Reimbursement Rate

The maximum reimbursement amount for the Maintenance Practice is **up to 80% of the total cost, not to exceed $500.**

Project Completion Deadline

Projects must be completed within **six (6) months** from the date of application approval by the Board of Supervisors. Failure to complete the project within the allotted time will result in termination of the application or contract.

Note: If the project cannot be completed in the required six (6) months, an extension may be obtained by submitting a letter to the Board of Supervisors explaining the delay. The letter must be submitted at least 30 days prior to the expiration of the application/contract. The Board of Supervisors will review the letter and if approved, a new contract for two (2) months will be issued or contingent upon the Board of Supervisors' review of circumstances. An applicant may apply for this extension only once per project/practice.

Required Documentation Standards for Reimbursement

1. Proof of property ownership
2. Completed Steuben County Onsite System Inspection Form
3. Itemized invoice from the Authorized Septic Service Provider
4. Proof of payment (check copies, credit/debit card receipts, or digital payment confirmation) **Cash payments are not accepted as a valid proof of payment**

Repairs – System Components

Cost-share assistance for the **Repairs Practice** will cover only the repairs identified following a formal inspection that corrects specific malfunctions or prevents emerging failures while maintaining the existing system footprint.

Before applying for the Repairs Practice, the applicant must obtain a formal inspection of their onsite sewage system, completed using the **Steuben County Onsite System Inspection Form** by an Authorized Septic Service Provider. The applicant is also responsible for securing the required application from the Steuben County Health Department prior to requesting cost-share assistance. Failure to fulfill these requirements will affect eligibility for program funding.

Eligible Expenses

Covered expenses may include, but are not limited to the repair or replacement of the following system components:

- Tank/ Tank Lid
- Risers
- Inlet & Outlet Fittings
- Baffles/Tees
- Outlet Filter
- Effluent Pump
- Diversion Valve
- Distribution Box
- Conveyance Piping
- Soil Absorption Field (where permitted, e.g., jetting laterals, addressing compaction, root intrusion mitigation)

Covered expenses may also include, but are not limited to the following system alterations:

- Repairs needed to address surface water intrusion
- Correcting system design elements that no longer meet code
- Removal of non-compliant connections (e.g., sump pumps or roof drains)

Ineligible Expenses

No additional system maintenance, full system replacements, or sanitary sewer connections are eligible under the Repairs Practice. If your system requires an inspection, pumping service or if repairs extend beyond the scope of this practice, please refer to other available cost-share practices for assistance.

Reimbursement Rate

The maximum reimbursement amount for the Repairs Practice is **up to 80% of the total cost, not to exceed $2,500.**

Project Completion Deadline

Projects must be completed within **twelve (12) months** from the date of application approval by the Board of Supervisors. Failure to complete the project within the allotted time will result in termination of the application or contract.

Note: If the project cannot be completed in the required twelve (12) months, an extension may be obtained by submitting a letter to the Board of Supervisors explaining the delay. The letter must be submitted at least 30 days prior to the expiration of the application/contract. The Board of Supervisors will review the letter and if approved, a new contract for three (3) months will be issued or contingent upon the Board of Supervisors' review of circumstances. An applicant may apply for this extension only once per project/practice.

Required Documentation Standards for Reimbursement

1. Proof of property ownership
2. Completed Steuben County Onsite System Inspection Form
3. Copy of the Steuben County Health Department's Residential Onsite Sewage System Application
4. Copy of the Final Inspection Form signed by the Steuben County Health Department
5. Itemized invoice from the Authorized Septic Installer[4]
6. Proof of payment (check copies, credit/debit card receipts, or digital payment confirmation) **Cash payments are not accepted as a valid proof of payment**

[4] The term "Authorized Septic Installer" is defined in the Glossary Section located on Page 19.

Replacement- Full System

Cost-share assistance for the **Replacement Practice** will support projects in which the existing onsite sewage system is failing, non-compliant, or beyond repair, as verified by a formal inspection and/or by the Steuben County Health Department. Funding is intended to offset a portion of the expenses necessary to install a new, fully compliant system.

Before applying for the Replacement Practice, the applicant must obtain a formal inspection of their onsite sewage system, completed using the **Steuben County Onsite System Inspection Form** by an Authorized Septic Service Provider. The applicant is also responsible for securing the required application from the Steuben County Health Department prior to requesting cost-share assistance. Failure to fulfill these requirements will affect eligibility for program funding.

Eligible Expenses

Covered expenses may include, but are not limited to the following:

System Abandonment and Preparation

- Pumping, cleaning, and proper abandonment and decommissioning of the existing system

System Design and Evaluation

- Onsite soil evaluation (completed by Indiana Registry of Soil Scientists (IRSS)[5])
- System design prepared by an Authorized Septic Designer[6]

Installation & Construction Activities

- Excavating, trenching, grading, and site preparation
- Backfilling and final grading necessary for system completion
- Replacement of system components damaged or removed during construction

[5] The **IRSS Contact List** can be accessed in the Additional Resources Section located on Page 18.
[6] The term "Authorized Septic Designer" is defined in the Glossary Section located on Page 19.

System Components

- Septic Tank (all approved capacities)
- Advance Treatment Units (ATUs) - when required due to site limitations or regulatory requirements
- Distribution Box
- Outlet Filter
- Conveyance Piping
- Soil Absorption Field, Trenches, Laterals
- Lift Stations, Effluent Pumps, or Required Electrical Components
- Gravel, Sand, Aggregate, or Approved Media

Ineligible Expenses

No additional system maintenance, repairs, or sanitary sewer connections are eligible under the Replacement Practice. If your system requires inspection, pumping, repairs, or you extend beyond the scope of this practice, please refer to other available cost-share practices for assistance.

Reimbursement Rate

The maximum reimbursement amount for the Replacement Practice is **up to 80% of the total cost, not to exceed $2,500.**

Project Completion Deadline

Projects must be completed within **twelve (12) months** from the date of application approval by the Board of Supervisors. Failure to complete the project within the allotted time will result in termination of the application or contract.

Note: If the project cannot be completed in the required twelve (12) months, an extension may be obtained by submitting a letter to the Board of Supervisors explaining the delay. The letter must be submitted at least 30 days prior to the expiration of the application/contract. The Board of Supervisors will review the letter and if approved, a new contract for three (3) months will be issued or contingent upon the Board of Supervisors' review of circumstances. An applicant may apply for this extension only once per project/practice.

Required Documentation Standards for Reimbursement

1. Proof of property ownership
2. Completed Steuben County Onsite System Inspection Form
3. Copy of the Steuben County Health Department's Residential Onsite Sewage System Application
4. Copy of the Final Inspection Form signed by the Steuben County Health Department
5. Itemized invoice from the IRSS for the soil evaluation
6. Itemized invoice from the Authorized Septic Designer/Installer
7. Proof of payments (check copies, credit/debit card receipts, or digital payment confirmation) **Cash payments are not accepted as a valid proof of payment**

Sanitary Sewer Connection – Mandatory or Elective

Cost-share assistance for the **Sanitary Sewer Connection Practice** is available to homeowners who have access to an approved public sanitary sewer system and are required or elect to connect due to sewer expansion, residential onsite sewage system failure/non-compliance, or public health considerations. Funding is intended to offset a portion of the expenses directly related to abandoning the existing onsite system and establishing a compliant connection to the designated sewer utility.

Before applying for the Sanitary Sewer Connection Practice, the applicant is responsible for securing all applicable permits, applications, and final approval documentation from the sewer utility prior to requesting cost-share assistance. Failure to fulfill this requirement will affect eligibility for program funding.

Eligible Expenses

System Abandonment and Preparation

- Pumping, cleaning, and proper abandonment and decommissioning of the existing system
- Crushing, filling, or removal of the septic tank in accordance with county/state requirements
- Decommissioning of distribution box, laterals, and other system components

Sewer Connection Components

- Sewer connection (capacity) fees charged by the utility
- Installation of lateral piping from the residence to the public sewer main or designated connection point
- Cleanout installation
- Grinder pumps or lift stations required to achieve proper flow
- Necessary electrical components associated with pump systems

Construction Activities

- Excavating, trenching, and installation of the sewer lateral
- Backfilling, compaction, and site stabilization necessary for project completion
- Replacement of system components removed or damaged during sewer connection construction

Permitting, Inspections and Compliance

- Permitting fees required by the sewer utility
- Inspection fees required by the sewer utility

Ineligible Expenses

- Sewer bills, monthly service charges, or account activation fees
- Landscaping, sod, decorative restoration, or property improvements beyond basic stabilization
- Replacement of driveways, patios, sidewalks, fencing, or structures except where directly impacted by construction
- No additional onsite sewage system maintenance, repairs, or full system replacement are eligible under the Sanitary Sewer Connection Practice

Reimbursement Rate

The maximum reimbursement amount for the Sanitary Sewer Connection Practice is **up to 80% of the total cost, not to exceed $2,500.**

Project Completion Deadline

Projects must be completed within **twelve (12) months** from the date of application approval by the Board of Supervisors. Failure to complete the project within the allotted time will result in termination of the application or contract.

Note: If the project cannot be completed in the required twelve (12) months, an extension may be obtained by submitting a letter to the Board of Supervisors explaining the delay. The letter must be submitted at least 30 days prior to the expiration of the application/contract. The Board of Supervisors will review the letter and if approved, a new contract for three (3) months will be issued or contingent upon the Board of Supervisors' review of circumstances. An applicant may apply for this extension only once per project/practice.

Required Documentation Standards for Reimbursement

1. Proof of property ownership
2. Copy of the applicable permits, applications, and final approval documentation required by the Sewer Utility
3. Final Compliance Documentation from the Sewer Utility
4. Itemized invoice from the Sewer Utility (permits/inspection/connection fees)
5. Itemized invoice from the hired Contractor
6. Proof of payment (check copies, credit/debit card receipts, or digital payment confirmation) **Cash payments are not accepted as a valid proof of payment**

Application Approval Procedure

1. Applicant is responsible for obtaining all required applications from the Steuben County Health Department and/or Sewer Utility prior to requesting cost-share assistance.

2. Complete the Steuben County SWCD's **District Cost-Share Program for Residential Onsite Sewage Systems Application**. Applications can be picked up at the Steuben County SWCD office, located at Peachtree Plaza 200, 1220 N 200 W, Suite L, Angola, IN 46703, or downloaded from the Steuben County SWCD website.

3. Return the completed application in person to the Steuben County SWCD. Electronic submissions will not be accepted.

4. After the Application is received, it will be presented to the Steuben County SWCD Board of Supervisors, at the monthly SWCD Board meeting, for their consideration of the District Cost-Share Program benefits.

5. If the Board of Supervisors approves your application, a notification of approval will be sent. The approved application will be considered a contract between the applicant and the Steuben County SWCD.

Reimbursement Procedure

1. Applicant is responsible for all initial costs associated with the project.

2. Project must be completed in the allotted time frame from the date the application is approved by the Board of Supervisors. If the project is not complete within the allotted time, the application/contract will be terminated.

   Note: *If the project is unable to be completed within the allotted time frame, an extension may be obtained by submitting a letter to the Board of Supervisors explaining the delay. The letter must be submitted at least 30 days prior to the expiration of the application/contract. The Board of Supervisors will review this letter and if approved, a new contract for the designated time frame will be issued. An applicant may apply for this extension only once per project/practice.*

3. When the project is complete, applicant must submit ALL required documentation for the designated practice. Reimbursement will not be issued until they are submitted to the Steuben County SWCD office for presentation to the Steuben County SWCD Board of Supervisors for verification.

4. The final approval of reimbursement will take place at the monthly Steuben County SWCD Board meeting. These meetings are held on the second Wednesday of each month in the Angola USDA Service Center Conference Room, located at Peachtree Plaza 200, 1220 N 200 W, Suite L, Angola IN, 46703, at 5:00 PM, and are open to the public. **Applicants are not required to attend the meeting. Date and time are subject to change, and any updates will be provided on the SWCD Facebook page and website.**

5. Upon Steuben County SWCD Board of Supervisors approval for payment, cost-share funds will be sent to the applicant whose name appears on the application.

Additional Resources

Indiana Onsite Wastewater Professionals Association (IOWPA)

All septic installers in Steuben County must be certified by the Indiana Onsite Wastewater Professionals Association (IOWPA). Information related to training and examination of septic installers can be found by visiting https://www.iowpa.org.

Indiana Registry of Soil Scientists (IRSS)

Before a new residential onsite sewage system can be designed or installed in Indiana, a certified soil scientist – listed on the Indiana Registry of Soil Scientists (IRSS), must evaluate the property to determine soil suitability. This step is required under Indiana Department of Health (IDOH) Rule 410 IAC 6-8.3 for residential onsite sewage systems. For information on IRSS located regionally, please inquire at the Steuben County Health Department or visit https://www.oisc.purdue.edu/irss/roster.html.

Steuben Lakes Regional Waste District (SLRWD)

The Steuben Lakes Regional Waste District (SLRWD) does not maintain a specific list of "authorized" or "endorsed" contractors for general connection work; rather, they provide specifications and standards that any qualified contractor must adhere to. To learn more about the SLRWD connection requirements and development standards, please inquire the SLRWD at (260) 665-9865 or visit https://slrwd.org/connection-specifications/.

Steuben County Health Department (SCHD)

The Steuben County Health Department's website provides detailed information and guidance related to residential onsite sewage systems. This information can be accessed by contacting the Steuben County Health Department at (260) 668-1000, ext. 1500, or visit https://www.co.steuben.in.us/departments/health/wells_and_environmental_health.php.

Steuben County Soil and Water Conservation District (SWCD)

The Steuben County Soil and Water Conservation District's website provides information and resources regarding residential onsite sewage systems. This information can be accessed at https://steubenswcd.org/septic-system-health/.

Glossary

Authorized Septic Designer
An individual who designs and submits detailed onsite sewage system construction plans to the local health department for review as part of a construction permit application.

Authorized Septic Installer
An individual that is licensed, certified, or otherwise approved by the local health department to install, repair, or replace onsite sewage systems.

Authorized Septic Service Provider
An individual that is approved by the local health department to perform maintenance activities such as inspection, pumping, or cleaning activities for onsite sewage systems.

The Steuben County Health Department maintains an annual roster of authorized septic designers, installers, and service providers. This list can be accessed by contacting the Steuben County Health Department at (260) 668-1000, ext. 1500, or on the departments' website in their *Installing a Septic System – Initial Informational Packet.*

Formal Inspection
For an inspection to be considered "formal", the Authorized Septic Service Provider must complete the Steuben County Onsite System Inspection Form to document the system's condition and identify the work required to bring it into compliance.

Residential Onsite Sewage System
A system of components often referred to as a "septic system" or "sewage system". It is used for residential properties not connected to a municipal sewer line. Used or intended for use by the owner of the system, or owner of the property, to collect, hold, and treat sanitary sewage through discharge to a subsurface soil dispersal system.

System Failure
A system is considered to be failing when sewage backs up into the home or structure, discharges to the ground surface, contaminates surface water, groundwater, or drinking water supplies, any part of the system is bypassed, the system is the source of an illicit discharge, there is an absence of a septic tank and absorption system, or there is a structural failure of a septic tank or other associated components.

Sewage Holding Tank
A watertight, sealed container used to temporarily store wastewater until it can be pumped and properly disposed. It does not treat sewage and must be serviced regularly.

**The definitions outlined within this document are specific to the Steuben County SWCD District Cost-Share Program for Residential Onsite Sewage Systems.*

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Steuben County Soil and Water Conservation District

District Cost-Share Program Application for Residential Onsite Sewage Systems

Section A – Applicant Information

Applicant Name: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ County: _____

Tax ID or Social Security #: _____ Email: _____

(Only applicable if cost-share amount is greater than or equal to $600.00)

Property Information Where District Cost-Share Practice will be Located (if different than above):

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Section B – Cost-Share Practices

Please check which cost-share practice you are applying for. One application must be filled out for each practice.

Maintenance - (*Inspection & Pumping Services*)	
Repairs - (*System Components*) *	
Replacement - (*Full System*) *	
Sanitary Sewer Connection- (*Mandatory or Elective*) *	

**Prior to applying for cost-share assistance the applicant must: (1) Obtain the required application from the Steuben County Health Department and receive a formal inspection completed by an Authorized Septic Service Provider for the Repairs and Replacement practices, and (2) Obtain all required permits/applications from the Sewer Utility for the Sanitary Sewer Connection practice. (Failure to fulfill these requirements will affect eligibility for program funding.)*

Section C – Program Eligibility Requirements

1. The property must be located in Steuben County, Indiana, and have a residential onsite sewage system in use at an existing site.
2. The applicant must either own property outright or be current on the mortgage, contract for deed, etc., secured on the property. If more than one owner is listed on the deed, all owners must sign a Control of Land Certification form, which can be obtained by contacting the SWCD office.
3. Non-recorded land contracts are NOT eligible.
4. Properties that are for sale, in foreclosure, or undergoing ownership transfer are NOT eligible.
5. New home construction or expansion projects requiring a system upgrade are NOT eligible.
6. Sewage Holding Tanks are NOT eligible.
7. All cost-share funds are nontransferable.

Section D – Participation Terms and Conditions

The above-named applicant hereby agrees to take part in the Steuben County Soil and Water Conservation District (SWCD) District Cost-Share Program for Residential Onsite Sewage Systems and fully understands that his/her participation is subject to the following provisions of this agreement.

1. **THIS APPLICATION MUST BE APPROVED BY THE STEUBEN COUNTY SWCD BOARD OF SUPERVISORS BEFORE ANY WORK BEGINS ON THE EXISTING SYSTEM.**
   (No reimbursement will be issued for work started prior to approval.)
2. The applicant is aware the Steuben County SWCD Board of Supervisors will have final approval of all applications for cost-share participation and benefits.
3. The applicant certifies that he/she has control of the property on which the practice is implemented.
4. The applicant agrees to follow the guidelines and reimbursement procedures established by the Steuben County SWCD for the practice they are applying for within the designated time frame indicated.
5. The applicant understands that participation in the Steuben County SWCD District Cost-Share Program does not guarantee system performance or compliance. The SWCD is not responsible for any issues, deficiencies, or violations identified during formal inspection. The property owner remains responsible for meeting all applicable laws and regulations and reporting any issues to the Steuben County Health Department.

Section E – Applicant Signature

I, _____, a resident/homeowner of Steuben County, Indiana, hereby apply to the Steuben County Soil and Water Conservation District (SWCD) for cost-share assistance through the District Cost-Share Program for Residential Onsite Sewage Systems for the practice listed above. I acknowledge that I have received the appropriate **Information Packet** and agree to **Section D- Participation Terms and Conditions**. I understand that the approved practice must be completed within _____ months of the application approval date.

Applicant Signature:_____ Date: _____

Section F – Application Approval (to be filled out by the SWCD)

Contract expiration date of _____, for the _____ practice.

Maximum reimbursement amount: Up to 80% of the total cost not to exceed _____.

_____ _____

Technical Representative (SWCD) Date

_____ _____

SWCD chairman or designated supervisor Date

Section G – Reimbursement Approval (to be filled out by the SWCD)

Practice Completion Date:	
Total Eligible Cost:	
Cost Share Rate:	
Reimbursement Amount:	

Reimbursement Documentation Submitted:

Documentation Meets Program Standards: ☐ **Yes** ☐ **No**

Comments (optional):

SWCD Board of Supervisors Approval

SWCD chairman or designated supervisor Date

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Steuben County Onsite System Inspection Form

Property Information

Property Owner _____

Property Address _____

City _____ State _____ Zip _____ County _____

Type of Dwelling or Facility _____

Directions to Site _____

Date of Inspection: _____

Inspector Information

Inspector Name _____ Certification No. _____

Company _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Directions for use:

1. Complete a thorough background search of documentation for the onsite sewage system that is to be inspected. Any pertinent data that is located should be included with this report.
2. Complete this form as thoroughly as possible. If there is a component listed on the form that is not present in the onsite sewage system, mark that item as N/A and proceed to the next item. If there are items in the onsite system that are not listed on the form, describe these items in the notes area or on separate forms which might be available from the manufacturer. Record all notes for each section to the right in the space provided.
3. Provide the Steuben County Health Department a copy of the inspection report and all supporting documentation.
4. Key to form: UNK = Unknown N/A = Not Applicable CND = Could Not Determine

Section 1. Background Search

Yes	No	N/A	
☐	☐	☐	a. Is there a permit on file in the local health department? Permit No. _____ Installation Date _____
☐	☐	☐	b. Is there a system installed at the site that is not documented in the local health department? Submit a sketch of the undocumented system with this report. Label all components.
☐	☐	☐	Does the undocumented system consist of a septic tank and a soil absorption field that has not failed? If **yes**, proceed to inspect the system and record all findings in this report. If **no**, describe what type of sewage disposal is currently being utilized and submit a sketch of the system with this report.

Section 2. Owner Interview and House Plumbing Inspection

Yes	No	Unk	
☐	☐	☐	a. Is home currently occupied? If no, date last occupied? _____ Current # occupants _____ Anticipated # occupants _____
			b. Number of bedrooms as stated by owner _____
			c. Number of jetted tubs with ≥125 gallon capacity? _____
			d. Water Supply Source: _____ Public _____ Private _____ Well _____ Surface Water _____ Other

Section 2. Owner Interview and House Plumbing Inspection (cont'd)

Yes	No	Unk	
☐	☐	☐	e. Have there been any sewer backups in the home?
☐	☐	☐	f. Does all plumbing in home drain to the onsite sewage system?
☐	☐	☐	g. Is there any other structure on the property with plumbing?
☐	☐	☐	If **yes**, do the building sewer drains for that structure discharge to the onsite sewage system?
			If **no**, explain _____
☐	☐	☐	h. Are there any businesses in any structures on the property (i.e. daycare, salon, bakery, etc.)?

Section 3. General Site and System Assessment

Yes	No	CND	
			a. Weather conditions on day of inspection _____
☐	☐	☐	b. Has there been an extended period of precipitation/snow melt recently?
☐	☐	☐	c. Has there been an extended drought period recently?
☐	☐	☐	d. Do all system components appear to be located on the property where the sewage originates or within the area of the recorded easement?
☐	☐	☐	e. Has there been any recent digging or excavation in the area of the onsite system?
			If **yes**, explain _____
☐	☐	☐	f. Are there any components of the system that are not indicated on the permit?
			If **yes**, explain _____
☐	☐	☐	g. Have all applicable separation distances been met?
☐	☐	☐	h. Are there any signs of surfacing sewage or effluent within the system?
☐	☐	☐	i. Are there any wet or soft spots in the ground in the area of the system?

Section 4. Onsite System Components - Tanks and Sewers

Yes	No	CND	
			a. **Residential Sewer**
☐	☐	☐	1 Is there a cleanout accessible on the residential sewer?
☐	☐	☐	2 Does the residential sewer line appear to be draining properly?
☐	☐	☐	3 Is there evidence of a effluent backup (staining in the cleanout)?
			b. **Septic Tank**
			1 No. of septic tank(s) _____

	Tank 1	Tank 2
Capacity (if known)	gal	gal
No. Compartments		
Material		
Manufacturer		

☐	☐	☐	2 Is there a riser to final grade on all septic tanks? (required on all tanks installed after 12/21/90) Tanks installed prior to 12/21/90 are not required to have a riser to final grade.
☐	☐	☐	3 Are the joints between the tank and riser and between the riser sections water tight?
☐	☐	☐	4 Are the septic tank(s) riser lid(s) safely secured?
☐	☐	☐	5 Are the riser lid(s) structurally sound?
☐	☐	☐	6 Is there a secondary plug installed in each tank riser? (Required on residential tanks installed after 7/1/96)
☐	☐	☐	7 Is the inlet baffle in place and functional?

Section 4. Onsite System Components - Tanks and Sewers (cont'd)

Yes	No	CND	
			b. **Septic Tank (Cont'd)**
☐	☐	☐	8 Is there an outlet baffle in place and functional? (May be replaced with outlet filter)
☐	☐	☐	9 Is the effluent level appropriate in the septic tank (at the outlet invert)?
☐	☐	☐	10 Is there evidence of previous high level in the septic tank (scum or debris on the inlet/outlet pipes)?
☐	☐	☐	11 Is there any root intrusion in the tank?
☐	☐	☐	12 Is the tank in good condition?
☐	☐	☐	13 Does the tank appear to be watertight?
☐	☐	☐	14 Was the septic tank pumped as part of this inspection? Date _____
☐	☐	☐	If **no**, does the septic tank need pumped?
☐	☐	☐	If the tank was pumped, did effluent run back into the tank from the SAF?
			If **yes**, approximately how much? _____ gal.
			c. **Outlet Filter** (required on septic tanks installed after 1/1/2011)
			1 Outlet Filter location _____ Outlet of tank _____ Secondary chamber
☐	☐	☐	2 Does the outlet filter need to be serviced?
			d. **Dosing Tank**
			1 Dose Tank Capacity _____ gal. Dose Tank Material _____
☐	☐	☐	2 Is there a riser to final grade on the dosing tank?
☐	☐	☐	3 Are the joints between the tank and riser and between the riser sections water tight?
☐	☐	☐	4 Is the riser lid safely secured?
☐	☐	☐	5 Is the riser lid structurally sound?
☐	☐	☐	6 Does the final grade around the tank promote surface water infiltration?
☐	☐	☐	7 Is there a secondary safety device in the dosing tank? (Required on residential tanks installed after 7/1/96)
☐	☐	☐	8 Is the effluent in the tank at the appropriate level (below the on float)?
☐	☐	☐	9 Is there evidence of previous high level in the tank?
☐	☐	☐	10 Is there any root intrusion in the tank?
☐	☐	☐	11 Concrete tanks - Is there evidence of concrete corrosion in the tank?
☐	☐	☐	12 Concrete tanks - Is any reinforcing steel, welded wire or rebar exposed in the tank?
☐	☐	☐	13 Poly / plastic tanks - Is there any deformity of the tank?
☐	☐	☐	14 Is the tank cracked?
☐	☐	☐	15 Does the tank appear to be watertight?
☐	☐	☐	16 Was the dosing tank pumped and cleaned as part of this inspection? Date _____
☐	☐	☐	If **no**, does the dosing tank need cleaned?
☐	☐	☐	17 Are the inlet and outlet seals watertight?
			Were the seals _____ Dug up? _____ Observed from inside tank?
			e. **Effluent Pump**
☐	☐	☐	1 Is there an effluent pump in the dosing tank?
			Pump Manufacturer _____ Pump Model _____
☐	☐	☐	2 Is the pump functioning (tested by activating the on float)?
☐	☐	☐	3 Is there an alarm float or sensor?

Section 4. Onsite System Components - Tanks and Sewers (cont'd)

Yes	No	CND	
			e. **Effluent Pump (Cont'd)**
			4 Is the alarm float or sensor functioning (tested by activating the alarm sensor)?
			5 Is the pump completely submerged at all times?
			6 Is the electrical junction box and wiring installed in a safe and secure manner?
			7 Are the pump and the alarms on separate circuits?
			8 Is there a quick disconnect device installed in the pump discharge line?
			9 Is there a lifting rope or chain for the effluent pump?
			f. **Effluent Sewer and Effluent Force Main**
			1 Is there any evidence that the **effluent sewer pipe** has broken, is plugged, has settled or has become disconnected from any component?
			2 Is there any evidence that the **effluent force main** has broken, is plugged or has become disconnected from any component?
			g. **Flow Diversion Valve**
			1 Is there a flow diversion valve installed in the system? (if **no**, proceed to subsection b)
			2 Can the flow diversion valve be operated properly?

Section 5 Onsite System Components - Distribution and Soil Absorption Field

Yes	No	CND	
			a. **Distribution Box(es)** (if more than 1, record for all boxes)
			1 Is there a distribution box installed in the system?
			If yes, how many? _____
			Distribution Box Material _____ Concrete Other (specify) _____
			2 Is there a riser extended to the ground surface for all distribution boxes?
			3 Is there a baffle, 90° elbow or sanitary tee in place on the inlet?
			4 If there is an elbow in the distribution box, is there a weep hole on the top of the elbow?
			5 Is the flow equally distributed to all outlets of the box?
			6 Are there flow equalization devices installed on the outlets of the box ?
			7 Is the effluent level in the distribution box appropriate (at the invert of the outlets)?
			8 Is there evidence of previous high water event in the distribution box?
			9 Are there solids in the distribution box?
			10 Does the distribution box appear to be watertight?
			11 Is there evidence of corrosion or concrete deterioration in the distribution box?
			12 Is there evidence of cracking or warping of the distribution box?
			13 Is the distribution box lid cracked, broken, missing or otherwise need replaced?
			b. **Soil Absorption Field - General** (complete for all soil absorption field types)
			1 Does all effluent discharge to the soil absorption field?
			If no, what is the means of effluent discharge? _____
			2 Does the soil absorption field discharge effluent?
			3 Are there spongy or saturated areas within the soil absorption field?
			4 Are there any areas of lush vegetation within the soil absorption field?

Section 5. Onsite System Components - Distribution and Soil Absorption Field (cont'd)

Yes	No	CND	
			b. **Soil Absorption Field - General (Cont'd)** (complete for all soil absorption field types)
			5 Are there any indications of a previous failure of the soil absorption field? If yes, decribe _____
			6 Is there vegetative cover over the soil absorption field? _____ Grass _____ Weeds _____ Trees _____ Other
			7 Is there a minimum of 12" of soil cover over the soil absorption field?
			8 Is the soil cover appropriately crowned to promote surface water runoff from the SAF?
			9 Does surface water, roof drains or sump pump discharge drain onto the SAF area?
			10 Are there observation wells/ports installed in the soil absorption field?
			If **yes**, is water observed in the observation well(s)/port(s)?
			11 Is the water level inappropriately high in the observation well(s)?
			12 Have there been any modifications in the soil absorption field due to landscaping?
			c. **Soil Absorption Field - Subsurface Trenches**
			1 Number of trenches _____
			2 Length of trenches _____
			3 Are all trenches the same length? _____
			4 What are the trenches constructed of? _____ Aggregate / Pipe _____ Chambers _____ Other - Describe _____ Tire Chips / Pipe _____ Gravelless Pipe _____

			d. **Soil Absorption Field - Elevated Sand Mound**
			1 Are the dimensions of the elevated sand mound the same as indicated on the installation plan?

Section 6 Dispersal Area and Drainage

Yes	No	CND	
			a. **Dispersal Area** (prior to 1/1/2011, the requirements for dispersal area were different)
			1 Is there a dispersal area of appropriate size and location for the system?
			2 Is the dispersal area free from structures and compaction?
			3 Does the dispersal area pond water or flood after rain?
			b. **Surface Diversion**
			1 Is there a surface diversion upslope of the system?
			2 Does the surface diversion adequately divert surface water around the onsite system?
			3 Are gutters, downspouts, sump pump discharges, etc. directed away from the system?
			c. **Subsurface Drainage**
			1 Is there subsurface drainage for the system? If yes, what type(s) _____ Perimeter _____ Interceptor _____ Segment
			2 Minimum depth of subsurface drainage _____ in.
			3 Is there aggregate backfill in the drain excavation to within 6" of the surface?
			4 Is there aggregate backfill in the drain excavation to the surface of the ground?
			5 Where does the drainage tile outlet? _____ Existing Tile _____ Pond/Creek/Swale (to daylight)
			6 If the tile outlets to daylight, is there a rodent guard in place?

Section 6 Dispersal Area and Drainage (cont'd)

Yes	No	CND	
			c. **Subsurface Drainage (Cont'd)**
			7 Does the drain appear to be working properly?
			8 Is the drainage outlet currently flowing water (if observable)?

Additional Notes

Key: UNK = Unknown N/A = Not Applicable CND = Could Not Determine

This system inspection report indicates the present condition of the onsite sewage system located on the above referenced property. Due to differences in system use and maintenance, soil characteristics, and other factors, the results of this evaluation do not guarantee or warranty any future performance or longevity of the system evaluated. Items that are not available for inspection, or are not accessible using reasonable means, have not been inspected and are noted in the report. Any items not inspected during the initial inspection should be reinspected as soon as possible to provide a complete report. This system inspection report may or may not be viewed by the local health department. You may contact your local health department for assistance and verification purposes. This system inspection report is not meant to imply approval or disapproval of the onsite system at this location. The intent of this inspection is to document the components, location and functionality of the onsite system inspected. Please contact your local health department for assistance in determining whether the onsite system is approved for use and/or if the system is in compliance. (IOWPA, 2013)

Inspector Name: _____

Inspector Signature: _____

Property Owner Name: _____

Property Owner Signature: _____

Other individuals present: _____

_____

_____

_____