



Clark County Health Department

Dr. Eric B. Yazel, Health Officer

1201 Wall Street | Jeffersonville, IN 47130 | (812) 282-7521
www.clarkhealth.net

October 17, 2025

Claudia Coffey
 17711 Carter Place
 Borden, IN 47106

CC: Greta Smith

Re: Site Survey #2025114
 Parcel #10-13-01-200-065.000-035
 Carter Place, Borden, In

APPROVAL

Number of Bedrooms: **3**

Dear Claudia Coffey:

A representative of the Clark County Health Department (CCHD) met an onsite sewage system (OSS) installer for a preconstruction meeting at the above referenced property. The design plan for the property satisfactorily meets the minimum requirements of Indiana’s OSS codes, and the site is approved for system installation.

If you are applying for a New Construction OSS Permit, you may still need to pay the \$150.00 OSS Permit Fee, since only the \$25.00 Application Fee is due at time of application to get approval. Please ensure the correct and total fees have been paid for the OSS Permit. If the permit fees have not been paid in full it could delay the final inspection of the OSS installation. The OSS Fees are as follows:

New Construction Permit:	Repair/Replacement Permit:
\$25.00 Application Fee <i>*Due at time of application</i>	\$150.00 OSS Permit Fee <i>*Due at time of application; No application fee</i>
\$150.00 OSS Permit Fee <i>*Can be paid with application fee or after receipt of approval letter when submitting copy of plan commission’s building permit</i>	

If you are submitting this approval letter to get a building permit from the Clark County Plan Commission, a copy of their permit shall be emailed to clarkhealth@clarkcounty.in.gov or otherwise delivered to CCHD for our documentation. When applicable, if the Clark County Plan Commission’s building permit is not received by CCHD it could delay the final inspection of the OSS installation. If you have any questions, please call 812-282-7521 ext. 212 or 213 or email clarkhealth@clarkcounty.in.gov.

Clark County Health Department
 Environmental Public Health Division

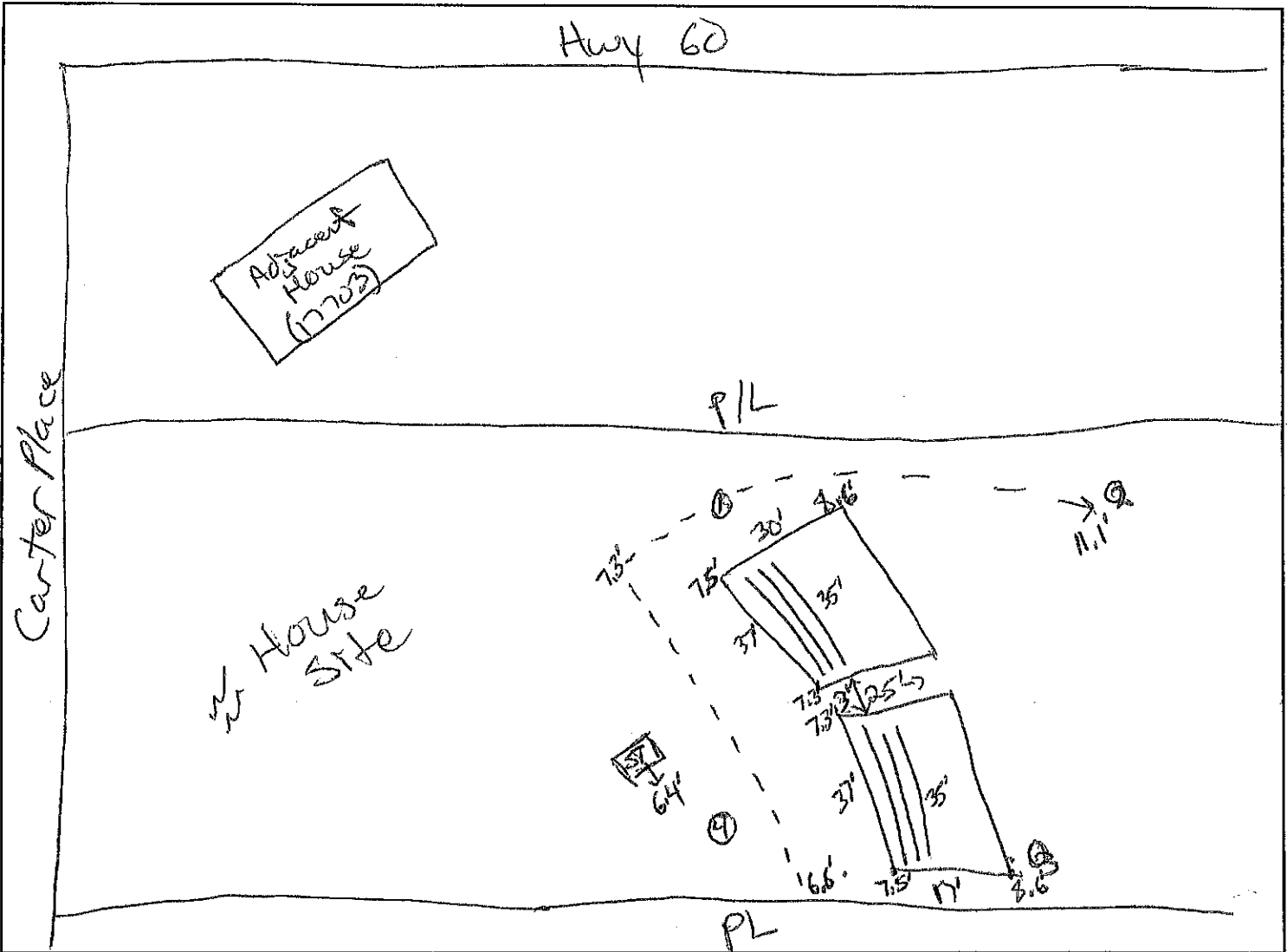
SS # 2025114
 Road Carter Place
 subd. _____
 Lot # 2

SEPTIC SYSTEM LAYOUT PLAN

Clark County Health Department
 Phone: (812) 282-7521
 Fax: (812) 288-2711
 www.clarkhealth.net

Contractor Conf. # (1) 2 3 4 5

Applicant: Claudia Coffey Soil Scientist: Spence Williams Installer: David Lyles



System Requirements: [circle, check or fill the blanks with requirements]		COMMENTS:
Gravity flow: <input checked="" type="checkbox"/>	ft ²	Dispersal area: <u>10-15</u> feet
Flood dose:	ft ²	Subsurface drainage type:
Elev. sand mound:	ft ²	<input checked="" type="checkbox"/> Intercepto / Perimeter / N/A
Chambers (full):	ft ²	Drain depth: <u>38</u> inches
Chambers (-25%):	ft ²	Drain outlet: <u>11.1</u> feet inches
<u>Fresh ABS 1206</u>	ft ²	Drain length: <u>150</u> feet
Septic tank with filter: <u>1000</u> gallons	gallons	Geotextile fabric required on subsurface drain pipe: <input checked="" type="checkbox"/> / N
Dose tank:	gallons	Surface swale required: <input checked="" type="checkbox"/> / N
Trench depth: <u>6</u> inches	inches	System area slope <u>3/64-6/64</u> %
Soil cover: <u>12</u> inches	inches	Engineer design: Y / <input checked="" type="checkbox"/> N

CCSC 6-1-1(A) No person or owner or person in possession of any property located in Clark County, Indiana, and which property is used, or is intended to be used for residential or business purposes shall: (1) Contract or alter or repair or allow to be contracted or altered or repaired, an on-site sewage disposal system without obtaining and possessing a current, unrevoked permit from the Board of Health. rev. 9/2024

Installer: (x) [Signature] Environmental Health Specialist: (x) [Signature] Date: 10/16/2025

Soil Scientist: <u>Spence Williams</u>	Road: <u>Carter Place, Lot #2</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Complete Soil Evaluation
Applicant: <u>David Coffey</u>	Subdivision:	<input type="checkbox"/> Repair/Replacement	<input type="checkbox"/> General Evaluation (no plot plan)
EHS: <u>Drew Roubenbush</u>	Lot/Tract # <u>2</u>	Date: <u>10/19/2025</u>	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial
STEP 1	Engineer Design: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STEP 2 Site Approval: On site installer meeting required before approved (additional fees apply for multiple installer meetings)	
Soil Loading Rate: gpd/ft ²	Slope: <u>4-6</u> %	Installer meeting (1) (no fee) <u>10/16/2025</u>	<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Denial
Subsurface	<input type="checkbox"/> > 6% ESM denied	Installer meeting (2) (\$20 fee):	<input type="checkbox"/> Approval <input type="checkbox"/> Denial
	<input type="checkbox"/> > 15% SS Trench denied	Installer meeting (3) (\$20 fee):	<input type="checkbox"/> Approval <input type="checkbox"/> Denial
	Proposed System Types:	EHS: (1) <u>Drew Roubenbush</u> (2)	Date: <u>10/16/2025</u> (3)
	<input type="checkbox"/> Gravity flow	STEP 3 Plan Commission (submit info to CCHD) Building Permit #	
	<input type="checkbox"/> Flood dose	STEP 4 Permit Requirements: <input checked="" type="checkbox"/> New Construction Fee (\$150) <input type="checkbox"/> Repair/Replacement Fee (\$150)	
	<input type="checkbox"/> Sand lined system	System Type: <input checked="" type="checkbox"/> Gravity Flow <input type="checkbox"/> Flood Dose <input checked="" type="checkbox"/> Sand Lined System <input type="checkbox"/> Elevated Sand Mound <input type="checkbox"/> Other <u>Presby AES</u>	
	<input type="checkbox"/> Elevated sand mound	<input type="checkbox"/> 25% Reduced Chambers <input type="checkbox"/> Non Reduced Chambers <input type="checkbox"/> Standard Chambers <input type="checkbox"/> Low Profile Chambers	
	<input type="checkbox"/> Other	Septic Tank: <input checked="" type="checkbox"/> 1000 <input type="checkbox"/> 1250 <input type="checkbox"/> 1500 <input type="checkbox"/> _____ ; Dose Tank: <input type="checkbox"/> 1000 <input type="checkbox"/> 1250 <input type="checkbox"/> 1500 <input type="checkbox"/> _____	
	<input type="checkbox"/> + > 1.2	<input type="checkbox"/> ft ² GRAVITY FLOW	<input type="checkbox"/> ft ² MOUND
	Elevated	<input type="checkbox"/> ft ² 25% Reduction	<input type="checkbox"/> Basal area length
	<input type="checkbox"/> 1.2	<input type="checkbox"/> Trench depth	<input type="checkbox"/> Basal area width
	<input type="checkbox"/> 0.6	<input type="checkbox"/> Soil Cover	<input type="checkbox"/> Ft ² aggregate Bed
	<input type="checkbox"/> 0-17"	<input type="checkbox"/> Drain	<input type="checkbox"/> Agg. bed width
	<input type="checkbox"/> 0-30"	<input type="checkbox"/> Interceptor	<input type="checkbox"/> Agg. bed length
	<input type="checkbox"/> 0.25	<input type="checkbox"/> Perimeter	<input type="checkbox"/> Lateral Length
	<input type="checkbox"/> + > 0.25	<input type="checkbox"/> ft ² FLOOD DOSE	<input type="checkbox"/> # of Laterals
	<input type="checkbox"/> + > 1.2	<input type="checkbox"/> ft ² 25% Reduction	<input type="checkbox"/> 7-14" Trench depth
	Water Tables:	<input type="checkbox"/> Trench depth	<input type="checkbox"/> 12" Sand depth
	<input type="checkbox"/> 23" 11	<input type="checkbox"/> Soil Cover	<input type="checkbox"/> 12-18" Soil Cover
	<input type="checkbox"/> 24" 12	<input type="checkbox"/> Drain	
	<input type="checkbox"/> 9" 13	<input type="checkbox"/> Interceptor	
	<input type="checkbox"/> 17" 14	<input type="checkbox"/> Perimeter	
	Limiting Layer:	<input type="checkbox"/> Interceptor	
	<input type="checkbox"/> 36" 11	<input type="checkbox"/> SAND LINED	
	<input type="checkbox"/> 32" 12	<input type="checkbox"/> SAND LINED	
	<input type="checkbox"/> 30" 13	<input type="checkbox"/> Linear ft. of pipe	
	<input type="checkbox"/> 34" 14	<input type="checkbox"/> Bed/Trench depth	
	Type: <u>Fe-5 pipe</u>	<input type="checkbox"/> 6" Sand below pipe	
	Bedrooms/DDE:	<input type="checkbox"/> 6" Bed/Trench depth	
	<input type="checkbox"/> 3 x 150 = 450	<input type="checkbox"/> 3" Sand above pipe	
	Commercial	<input type="checkbox"/> 9" Soil Cover	
	No Bedroom	<input type="checkbox"/> Drain	
	Septic Tank: 1000 gallon	<input checked="" type="checkbox"/> Interceptor	<input checked="" type="checkbox"/> Perimeter
	Dose Tank: _____ gallon	<input type="checkbox"/> Presby AES Specs	<input type="checkbox"/> Infiltrator ATL Specs

COMMENTS: 12" in. soil cover, 35" in. Interceptor drain, 6" in. Sand depth, in. Perimeter drain, Swale

(1) Soil test area must be expanded or another area tested

(2) Flood dose system required. System over 1500 ft² OR limiting layer not \geq 30 in. below infiltrative surface (\geq 3 bedrooms)

(3) Sand lined system required for gravity flow to achieve \geq 30 in. separation from infiltrative surface to limiting layer (\geq 3 bedrooms)

(4) Due to limited slope, subsurface drain may not outlet

(5) Structures on the lot may not allow the required 10 - 25 ft dispersal area

(6) Written legal description must be submitted before permit will be issued

(7) Plot plan of house site and other structures must be submitted

(8) FEMA map shows area may be in flood zone (A). Surveyor certification required

(9) Site may be a wetland. Wetland delineation required

(10) Soil fill is at a depth which prohibits approval of any type of system

(11) Subsurface drain shall be 36 in below adjacent trench, depth determined at conference

(12) Absorption area and subsurface drain shall be flagged out before installer meeting

* SLS subsurface is split bed only on elev. SLS, same for 12" sand under pipes.

Note: Site meets minimal standards for install.

* Before any type of construction begins the homeowner, builder, and installer should all read the backside of this form
Rev. 08/2017
Copy sent: 10/9/25, 10/17/25, 1/1/25