

Brown County Health Dept.

P.O. Box 281 ■ Nashville IN 47448 ■ 812/988-2255 ■ 812/988-5603 FAX

Visual Septic Inspection Order

SECTION I:

Date Ordered: _____ Inspection # _____

\$100.00 Visual _____

*Ordered by : _____ Company Name: _____

**Responsible for payment*

Address: _____ Phone: _____

City & Zip _____

Reason for ordering: Sale ____ Addition ____ Other _____

Current Owner: _____ **Original Owner:** _____

Site Address: _____ Phone #: _____

When was septic installed? _____ Last cleaned? _____ Is system currently in use? _____

When was house built? _____ Number of bedrooms? _____ Washing machine in use? _____

Source of Water: Public _____, Well _____, Cistern _____, or Other _____

DOG IN THE YARD? _____, **REAL ESTATE SIGN?** _____ Co. name of sign: _____

Where is septic tank & field located? _____

Give detailed driving directions & describe home: _____

SECTION II:

Gallons of water used last 3 months: _____ Cement or metal septic tank? ____ Does all water, i.e., washing machine, kitchen sink, dishwasher, lavatory, toilet, drain into same system? _____

Does it have a finger system _____, drywell _____, or pit? _____.

Have you noticed any problems with seepage or back-up into the house or toilet not flushing? _____

If so, explain: _____

To be completed by Homeowner:

I understand that when a visual inspection is ordered, the homeowner is granting permission for a Brown County Health Department representative to enter the property and the home.

(Signature of homeowner)

(Date)

***** **For Official Use Only** *****

Date of Survey: _____ **Evidence of failure** ____ **YES** ____ **NO**

Excessive growth of grass, etc. over absorption field? _____

Effluent ponding in area: _____

Effluent discharge pipe: _____

Washing machine draining onto lot: _____

Dye Test: ____ # Drains; Ran water ____ minutes; ____ Gallons of Water (Meter: start ____ end ____)

Remarks: _____

Inspected by : _____