



Public Health

# Brown County Department of Health

P.O. Box 281  
Nashville IN 47448  
812/988-2255  
812/988-5601 FAX

## SEPTIC CONTRACTOR REQUIRED INFORMATION:

Owner Name \_\_\_\_\_  
Site Address \_\_\_\_\_  
Name of Contractor: \_\_\_\_\_  
Signature of Contractor \_\_\_\_\_

Phone: \_\_\_\_\_  
Date Signed \_\_\_\_\_

## SEPTIC SYSTEM INFORMATION:

\_\_\_ Gravity      \_\_\_ Area Dosing      \_\_\_ Pressure Distribution      \_\_\_ Tire Chip  
\_\_\_ Chambers      \_\_\_ Mound      \_\_\_ Presby  
\_\_\_ TNI: \_\_\_\_\_

Septic Tank Manufacturer : \_\_\_\_\_ Septic Tank Size: \_\_\_\_\_ gals.  
Material: Concrete or Plastic (circle one)

**For Trench Systems:** Trench Length \_\_\_\_\_  
Trench Width \_\_\_\_\_  
No. of Trenches \_\_\_\_\_  
Total Square Footage \_\_\_\_\_  
Trench Depth \_\_\_\_\_

**For Bed Systems:** Bed Length \_\_\_\_\_  
Bed Width \_\_\_\_\_  
No. of Beds \_\_\_\_\_  
Bed Depth \_\_\_\_\_  
Soil Class \_\_\_\_\_  
No. Bedrooms \_\_\_\_\_

Depth of Subsurface Drain \_\_\_\_\_

## Pump-assisted System Information:

Dosing Tank Manufacturer: \_\_\_\_\_ Dosing Tank Size: \_\_\_\_\_ gals.  
Length of delivery line from pump to distribution box: \_\_\_\_\_ Pump Size: \_\_\_\_\_  
Diameter of delivery line from pump to distribution box \_\_\_\_\_ Total dynamic head \_\_\_\_\_

## Distances:

\_\_\_\_\_ Between house and septic tank      \_\_\_\_\_ Between septic tank and distribution box  
\_\_\_\_\_ From lateral to lateral (if trenches)      \_\_\_\_\_ Between laterals/bed and perimeter drain

## To be included on drawing: (Check list)

\_\_\_ North Indicator      \_\_\_ Location of house and any other structures  
\_\_\_ Ponds, lakes, streams, ditches      \_\_\_ Driveway  
\_\_\_ Distance to property boundaries      \_\_\_ Soil Boring Locations  
\_\_\_ Water Line/Well      \_\_\_ Distribution Box  
\_\_\_ Observation Port      \_\_\_ Perimeter Drain & Outlet Location  
\_\_\_ Trench/Bed Elevations (beginning, middle & end)

### **For Office Use:**

Septic Application approved / not approved by:

\_\_\_\_\_ (Environmental Health Specialist)  
Date of Signature: \_\_\_\_\_