

BARTHOLOMEW COUNTY HEALTH DEPARTMENT
440 THIRD STREET, SUITE 303
COLUMBUS, IN 47201-6798
PHONE: (812) 379-1550 FAX: (812) 379-1040

SEPTIC SYSTEM INFORMATION SHEET

A septic inspection for loan purposes will not be scheduled by the Environmental Health Division until this questionnaire is completed and signed by the seller and buyer. All questions must be answered. Circle the correct answer or fill in the blank. Please return to the health department.

Owner's Name Robert & Wilma Carroll
Property Address 19191 E. 750 N City HOPE Zip Code 47246 Age of Home 10 yr
Well Type: Driven Dug Bored Drilled Unknown Municipal Water
Depth 4" case 67 ft Location East side of house
How long have you lived at this address? 2000 Number of Bedrooms 3
Do you have a septic finger system, dry well, or both?
How old is your septic system? 2000 Who installed it? KERMIT NASBY
Where is the septic system located? N/W OF house Where is the dry well? N/A
Does your septic system have an effluent pump? Yes No Any problems? NO

Does all water i.e. washing machine, kitchen sink, dishwasher, lavatory and toilet drain into the same system?
 Yes No Explain _____

Have you had any problems with the septic system i.e. seepage, water ponding, backup into the house, or toilet not flushing?
Yes No Explain _____

Have there been any repairs, changes, or alterations to the septic system? Yes No Unknown
When? N/A Who? N/A

Was a repair permit obtained from the Health Department? Yes No Unknown
Are there any pipes, conduits, or other conveyance including down spouts that discharge surface, ground, or wastewater on or off the property? Yes No Explain _____

Do you have a metal, cement, or other septic tank?
When was the septic tank last pumped? NOT How frequently? _____

Robert C. Carroll 6-28-10
SELLER(S) SIGNATURE DATE
Wilma Carroll 6-28-10
BUYER(S) SIGNATURE DATE