

Spencer County Health Department

200 Main Street, Room 2
Rockport, Indiana 47635
Telephone 649-4441
Fax 649-6047

Application for Existing Septic System Inspection

Fee: \$10.00

Make checks payable to: **Spencer County Health Department**

Date: _____

Name of person requesting inspection: _____

Phone Number: Home _____ Work _____

Address of person requesting inspection:

Street: _____

City/State/Zip: _____

Directions to Property: _____

Type of Inspection: (Please check one)

Water Supply: (Please check one)

Basement:

___ Existing System (Home occupied)

___ City

___ Cistern

___ New

___ Existing System (Home vacant)

___ Well

___ Lake

___ Existing

***** DO NOT HAVE TANK PUMPED BEFORE INSPECTION *****

Information on System:

Age: _____ Installer: _____

Tank Size: _____ Field Bed Size: _____ Riser: Yes No

of Bedrooms _____ # of Baths _____

Reason for Re-Inspection: _____

Parcel Number: _____

HOMEOWNER: _____

REALTOR: _____

Cc: _____