

**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**

Name of person requesting inspection: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Address of person requesting inspection:  
Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Directions to Property: \_\_\_\_\_

<b>Type of Inspection: (Please check one)</b>	<b>Water Supply: (Please check one)</b>	<b>Basement:</b>
<input type="checkbox"/> Existing System (Home occupied)	<input type="checkbox"/> City <input type="checkbox"/> Cistern	<input type="checkbox"/> New
<input type="checkbox"/> Existing System ( Home vacant)	<input type="checkbox"/> Well <input type="checkbox"/> Lake	<input type="checkbox"/> Existing

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

**Information on System:**

Age: \_\_\_\_\_ Installer: \_\_\_\_\_

Tank Size: \_\_\_\_\_ Field Bed Size: \_\_\_\_\_ Riser: Yes No

**Other Known Information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOMEOWNER:** \_\_\_\_\_  
**REALTOR:** \_\_\_\_\_ **Cc:** \_\_\_\_\_