



Public Health

Brown County Department of Health

P.O. Box 281
Nashville IN 47448
812/988-2255
812/988-5603 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 _____
Linear Feet of Piping _____

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: _____