

Johnson County Health Department

317-346-4365 (Office)

86 West Court St., Franklin, IN 46131

317-736-5264 (Fax)

Indiana Rule 410 IAC 6-8.2

SEPTIC REPAIR APPLICATION

Date Received: _____

Receipt #: _____

APPLICANT INFORMATION

Date Filed: _____

Applicant Name: _____ Previous Owner: _____

Address: _____ City, State, Zip: _____

Daytime Phone #: _____ Fax #: _____
(Type in all 10 digits only) (Type in all 10 digits only)

PROPERTY SITE INFORMATION

Property ID # 41- _____

Township: _____ Subdivision: _____ Lot#: _____ Zoning Class: _____

Property Address / Location: _____ City, St, Zip: _____

Septic Contractor: _____ Phone: _____
(Type in all 10 digits only)

Acreage: _____ # of bedrooms: _____ New home or existing home? _____

Single-family dwelling # of Bathtubs greater than 125 gal.: _____

Multi-family dwelling

Water Supply

Mobile Home Well Municipal Other _____

Other _____



Signature of applicant / agent: _____

Name: _____

For Office Use Only

- | | |
|---------------------------------------|------------------------------------|
| _____ Gallon septic tank | _____ Elevated sand mound |
| _____ Perimeter drainage | _____ basal |
| _____ Maximum trench depth | _____ absorption area |
| _____ Gallon dosing tank | _____ Re-circulating media filter |
| _____ Upslope drainage w/stone | _____ Drip irrigation |
| _____ Absorption area | _____ Chamber system |
| _____ Sq. feet absorption area per BR | _____ Gravel-less pipe _____ Other |

Comments: _____

Inspector: _____