



**Public Health**  
Prevent. Promote. Protect.

# Clark County Health Department

1201 Wall Street, Jeffersonville, IN 47130

Phone: (812) 282-7521 Fax: (812) 288-2711 Website: [www.clarkhealth.net](http://www.clarkhealth.net)

## ON-SITE SEWAGE DISPOSAL SYSTEM EXISTING VERIFICATION/INSPECTION

The purpose of the on-site sewage disposal system existing verification/inspection is to ensure adequate sewage disposal is provided at the home site. The Clark County Health Department makes every attempt to assess any existing system (permitted or unpermitted) to determine the current state of functioning. If a structure is unoccupied or non-existent, our office will still evaluate the system but will be unable to establish the current system functionality, we would only be able to verify the existence of a septic tank and that there are no immediate signs of distress or abnormal levels in the existing tank.

If the home is occupied the system will be evaluated more thoroughly and may require a dye test to determine the current functionality of the system. Septic systems are reliant on soil characteristics, deep limiting layers, water usage, and many other variables, therefore, the evaluation of the system should only be used to establish the existence of a system on the property, and that the system is not in a **current state of failure**.

It is imperative that the septic tank NOT be pumped or manipulated until after our initial inspection, the water level of the tank and other visuals help determine the functionality of the septic system, these levels also will provide guidance for a repair if necessary.

CCHD will re-evaluate the system no sooner than 90 days after the initial assessment, this may include a dye test or additional dye test if previously done. If the system is determined to be non-functional or in failure at that time, a repair permit must be obtained immediately.

Preparing for the inspection requires that the **septic tank inlet & outlet be exposed**. This will require uncovering the lids to visually inspect the inside of the tank (See Pictures). If the tank does not have an existing riser, one will be required to be installed prior to approval, this will allow for easier future inspections and tank maintenance. In addition, the septic tank must have a baffle or sanitary tee prior to approval. It is not necessary, but our office can provide you with a list of septic contractors to make these system improvements should you require that assistance.

Once approved our office will provide the **applicant** with an approval letter for Clark County Planning and Zoning Department for additional permits needed for the parcel.

Please complete this form in its entirety, and should you have questions please do not hesitate to ask your inspector.

**See Attached**

Revised 04/23/2020



# ON-SITE SEWAGE DISPOSAL SYSTEM EXISTING VERIFICATION/INSPECTION



## Property Owner Information (Inspection Site)

Business Name \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_

Address Line #1 \_\_\_\_\_

Address Line #2 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Alternate Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Applicant Information**  Same as Owner

Business Name \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_

Address Line #1 \_\_\_\_\_

Address Line #2 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_ Township: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Alternate Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

## General Information

System Type:  Residential  Commercial Year Structure Built \_\_\_\_\_

Is the system currently in use?  Yes  No

Does Septic Tank have a riser?  Yes  No

Has the lid been removed or made easily accessible?  Yes  No

Has the septic tank been pumped prior to inspection request?  Yes  No

If yes then when? \_\_\_\_\_

Does the home have a sump pump?  Yes  No

Do the gutters drain into the septic system drainage system?  Yes  No



# ON-SITE SEWAGE DISPOSAL SYSTEM EXISTING VERIFICATION/INSPECTION

## Facility/System Details:

Facility Type:  Single Family Residence  Other: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Employees/Occupants : \_\_\_\_\_ ( commercial only)

Proposed # of Bedrooms: \_\_\_\_\_ Seasonal Use Only: Yes  No  Garbage Disposal:  Yes  No

Has Jetted Tub  $\geq$  125 Gallons:  Yes  No Has Water Softener:  Yes  No

Water Supply:  Private Well  Community Water System  Other \_\_\_\_\_

Existing Well on Property:  Yes  No Rental Property:  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

- The septic tank/system was located and seems to be free of any visible defects at the time of inspection, there is no objection to the use of the system with a similar Gallon Per Day replacement structure.
- The baffles are missing/broken and need to be repaired prior to approval.
- There is no riser to access the septic tank, one must be installed prior to approval.
- Historical Data (SS#, RP#, complaints or other HL/Existing): \_\_\_\_\_

## System Current Status

Functional  Non-Functional

## FEES

Fee(s)

Receipt Number/Date

Application: \$ \_\_\_\_\_

EHS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pull Date: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, File: \_\_\_\_\_

Revised 04/23/2020