

EXISTING SYSTEM VERIFICATION / HOME LOAN INSPECTION

812-282-7521 phone
812-288-2711 fax
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CLARK COUNTY HEALTH DEPARTMENT

1320 Duncan Avenue, Jeffersonville, IN 47130

FEE: \$50.00

DATE: _____

APPLICATION # _____

Name & Address of Owner or Current Resident (please print)

Name: _____ Phone No. _____

Inspection Location: _____

Directions: _____

Is residence currently occupied? yes no ³ (see statement below)

Acreage: _____ No. of Bedrooms: _____ Water Source: public private

Name & Address of Person Receiving Final Copy of This Report (please print)

Name: _____ Phone Number(s): _____

Address: _____ State _____ Zip code _____

Applicant signature: (X) _____

REQUIREMENTS FOR INSPECTION:

- 1) The septic tank shall be located, uncovered and inspection ports removed to view baffling on both ends of tank, then notify this office it has been completed.
- 2) Once approved and the residence has been occupied for at least 90 days, this office will re-inspect the property.
- 3) All other permits shall be obtained through Planning & Zoning office, 285-6287.

▼▼DO NOT WRITE BELOW – HEALTH DEPT USE ONLY ▼▼

()The septic tank/system was located. This office does not object to the use of this system if only one dwelling is connected to the septic system.

()The baffles are {missing /broken} and shall be replaced prior to approval.

() Functional () Non-functional ² ← (see statements below) → () Escrow Required ³

² *If the septic system is found in failure at the time of our inspections, a repair permit shall be obtained from Clark County Health Department and the system must be repaired /replaced prior to any approval.*

³ *If residence is not occupied an escrow account shall be required and any inspection shall take place no sooner than 90 days after the home has been occupied.*

EHS signature: _____ Date: _____

Receipt No: _____ Date: _____

PULL DATE: _____, _____, _____, _____, _____ FILE DATE: _____ (Rev. 4/19/2007)

Computer search: (SS#, RP#, complaints or other HL /Existing) _____

INSPECTION COMMENTS & PLOT PLAN ON REVERSE SIDE