

Jennings County Health Department
P.O. Box 323
200 East Brown Street
Vernon, IN 47282
812-352-3024
Fax: 812-352-3030

PRE-EXISTING SEPTIC SYSTEM APPLICATION
INFORMATION SHEET

A pre-existing septic inspection for loan purposes will not be scheduled by this office until the questionnaire is completed and signed by the seller, buyer, and real estate agent. All questions must be answered. Please circle the correct answer or fill in the blank, and return to the health department.

INSPECTION COULD BE DELAYED IF APPLICATION IS NOT FILLED OUT COMPLETELY.

Property Owner's Name: _____ Phone: _____

Property's Street Address: _____

City: _____ Zip Code: _____

1. How long have you owned the current address? _____

2. Number of bedrooms: _____ going to be: _____

3. Is the home currently: vacant (how long vacant) _____ occupied

4. How old is your septic system? _____

5. Who installed it? _____

6. Where is your septic system located on the property? _____

7. Do you have a: ABSORPTION FIELD JET AERATION DRY WELL

8. Have there been any repairs, changes, or alterations to the septic system?
YES NO Explain _____

9. Do you have METAL, CEMENT, or other septic tank? _____

10. When was the septic tank last pumped? _____ How frequently? _____

OWNER(S) Please Print _____ DATE _____

BUYER(S) Please Print _____ DATE _____

REAL ESTATE AGENT Please Print _____ DATE _____