

BARTHOLOMEW COUNTY HEALTH DEPARTMENT  
440 THIRD STREET, SUITE 303  
COLUMBUS, IN 47201-6798  
PHONE: (812) 379-1550 FAX: (812) 379-1040

**SEPTIC SYSTEM INFORMATION SHEET**

A septic inspection for loan purposes will not be scheduled by the Environmental Health Division until this questionnaire is completed and signed by the seller and buyer. All questions must be answered. Circle the correct answer or fill in the blank. Please return to the health department.

Owner's Name TOM & JANE FRANCISCO

Property Address 15961E 200S City COLUMBUS Zip Code 47207 Age of Home 10

Well Type: Driven Dug Bored Drilled Unknown Municipal Water

Depth \_\_\_\_\_ Location \_\_\_\_\_

How long have you lived at this address? 9 Number of Bedrooms 5

Do you have a septic finger system, dry well, or both?

How old is your septic system? 9 Who installed it? Ronnie Pruitt

Where is the septic system located? NW of house Where is the dry well? \_\_\_\_\_

Does your septic system have an effluent pump? Yes No Any problems? NO

Does all water i.e. washing machine, kitchen sink, dishwasher, lavatory and toilet drain into the same system?  
Yes No Explain \_\_\_\_\_

Have you had any problems with the septic system i.e. seepage, water ponding, backup into the house, or toilet not flushing? Yes No

Explain \_\_\_\_\_

Have there been any repairs, changes, or alterations to the septic system? Yes No Unknown  
When? \_\_\_\_\_ Who? \_\_\_\_\_

Was a repair permit obtained from the Health Department? Yes No Unknown

Are there any pipes, conduits, or other conveyance including down spouts that discharge surface, ground, or wastewater on or off the property? Yes No Explain \_\_\_\_\_

Do you have a metal, cement, or other septic tank? \_\_\_\_\_

When was the septic tank last pumped? NONE How frequently? \_\_\_\_\_

Tom Francisco Jane Francisco 6-16-08  
SELLER(S) DATE

\_\_\_\_\_  
BUYER(S) DATE