

Office Of

FAYETTE CO. HEALTH DEPARTMENT

401 N Central Ave
Connersville, IN 47331

Phone (765)-825-4013
Fax (765)-825-7189

Application: Residential On-Site Sewage Disposal System

New _____

Date: ____/____/____

Repair _____

Expansion _____

Replacement _____

Attached Documents: Soil Profile Report _____
Septic System Plans / Drawings _____
Easements _____
Other _____

Applicants Name: _____

Mailing Address: _____

Town: _____ State: _____ Zip Code: _____

Home Phone: (____) - _____ - _____ Work Phone: (____) - _____ - _____

Location of Proposed Home: _____

Township: _____

Legal Description: _____, T _____ N, R _____ E.

Building Type

House: _____ Modular Home: _____ Mobile Home: _____ Other: _____

of Bedrooms: _____ Basement: _____ Garbage Disposal: _____

Water Supply: (city) _____ (well) _____ (Bored, Drilled, Driven, Spring)

Name of Licensed Installer: _____ Phone #: _____

Name of Soil Scientist: _____ Phone #: _____