

BARTHOLOMEW COUNTY HEALTH DEPARTMENT  
440 THIRD STREET  
COLUMBUS, IN 47201-6798  
379-1550  
FAX # 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 FRANK & SANDRA BAYLES

Property Address 10140 S US 31 ELIZABETHTOWN Age of Home 25 yrs

Well Type: ☐ Driven ☐ Dug ☐ Bored ☐ Drilled ☐ Unknown ☒ Municipal Water

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

How long have you lived at this address? work place 25 yrs Number of bedrooms \_\_\_\_\_

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

How old is your septic system? 25 yrs Who installed it? TAYLOR BROS.

Where is the septic system located? NW CORNER Where is the dry well? -NA-

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 This is our business so only lavatory & toilet

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 alternations 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 downspouts, that discharge surface, ground, or wastewater on or off the property? ☐ Yes ☒ No Explain \_\_\_\_\_

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

When was the septic tank last pumped? NOT How frequently? \_\_\_\_\_

Seller [Signature]

Seller [Signature]

Date 6-28-24

Buyer \_\_\_\_\_

Buyer \_\_\_\_\_

Date \_\_\_\_\_