

Ripley County Health Department Residential Septic System Application



Anything with a red asterisk (*) **MUST** be filled out by Applicant. Circle multiple choice information. Please fill out entire application to the best of your ability.

*Name: _____ *Date: _____

*Current Address: _____ *City, State, Zip: _____

*Phone: _____ Work/Cell: _____

Agent's Name: _____ Agent's Cell: _____

*Address of Septic Site: _____

911 Address: _____

*Township: _____ *Type of Construction: New / Replace / Repair / Reconnect

*Residence Type: Custom Built Home / Modular / Mobile / Other (please specify) _____

*Number of Bedrooms _____ *A Bedroom is defined as 70 sq.ft. or larger with a door or window for egress, and a closet.

*Number of Bathrooms _____ *Number of Jetted Tubs >125gal. _____ *Garbage Disposal: Yes / No

*Water Softener: Yes / No # of Persons living in Home _____

*Water Supply: Community / Well / Other (please specify) _____ *Grinder Pump: Yes / No

Soil Scientist _____ Date of Samples _____

Septic Installer*: _____

Size of Tank: _____ gal. Material of Tank: Concrete / Fiber Glass / Polyethylene/Polypropylene

Manufacturer of Tank: _____ Outlet Filter: Yes / No

Site Survey Fee Paid: Yes / No Receipt # _____

*Signature of Owner/Agent** _____

***Must be selected from the list of Registered Septic Installers in Ripley County found here: www.ripleyhealth.com/services-7**

**The above signature certifies, by penalty of perjury, that the information given is correct. No guarantee is expressed or implied by the issuance or approval of this application. This application in no way guarantees the operation of the private sewage disposal system at the above referenced location, it only affirms that the system was applied to be installed according to prescribed standards.

Please bring completed application into the health department, mail to the address below, or email to EHS@ripleycounty.com

The following information must be provided to the Ripley County Health Department before a permit for construction will be issued: Verification Regional Sewer District Line Not Within 300 ft _____ Site Assessment _____ Soil Report _____ Seeding Agreement _____ House Plans _____ System Design Plans _____ 911 Address _____