

HOWARD COUNTY HEALTH DEPARTMENT  
SEPTIC TANK INSPECTION

For compliance with ISDH Rule 410 IAC 6-8.3 Sec. 60-62

Date of Inspection \_\_\_\_\_

Property Owner/Occupant \_\_\_\_\_

Site Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Directions to Property \_\_\_\_\_

Approximate Capacity of Tank below water line \_\_\_\_\_ gallons

Minimum water depth in any compartment 30 inches      yes \_\_\_ no \_\_\_

Maximum depth of water 6 ½ feet      yes \_\_\_ no \_\_\_

Proper Inlet baffle or Sanitary Tee      yes \_\_\_ no \_\_\_

Proper Outlet baffle with gas deflection baffle      yes \_\_\_ no \_\_\_

Access manholes at least 18 inches in diameter      yes \_\_\_ no \_\_\_

Riser to Final Grade      yes \_\_\_ no \_\_\_

Inspection access for inlet, outlet baffles and filter      yes \_\_\_ no \_\_\_

Construction material      Concrete \_\_\_ Plastic \_\_\_ Other \_\_\_\_\_

Tank appears to be level      yes \_\_\_ no \_\_\_

Coated and protected from corrosion      yes \_\_\_ no \_\_\_

Proper pipe connectors      yes \_\_\_ no \_\_\_

Overall condition of the tank \_\_\_\_\_

In my best judgment, this septic tank complies with Indiana State Department of Health Rule 410 IAC 6-8.3 Residential Onsite Sewage Systems, Section 60-62, Septic Tanks.

Yes \_\_\_ No \_\_\_

Signature of Installer \_\_\_\_\_