

***Fayette Co. Health Department***  
***Application for approval of use of Existing System***

**Inspection to include:**

Septic tank type and size: \_\_\_\_\_  
\_\_\_\_\_

Baffles are good in septic tank: \_\_\_\_\_

Confirm system uses Distribution Box and finger system. No Drywells. \_\_\_\_\_  
\_\_\_\_\_

Distribution box or fingers do not contain excessive amounts of solids. \_\_\_\_\_  
\_\_\_\_\_

Finger system is not surface discharging. \_\_\_\_\_  
\_\_\_\_\_

Sketch of approximate location of New Construction, septic tank, well, fingers,  
D-box and property lines:

System owner: \_\_\_\_\_ Phone: \_\_\_\_\_

System Address: \_\_\_\_\_

Inspection Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_