

**27.0 Indiana System Installation Form**

Installers must complete and fax or mail a copy of this form to the local approving authority and to:  
**Presby Environmental, Inc., 143 Airport Rd, Whitefield, NH 03598 Fax: (603) 837-9864**

|  |  |                                       |   |
|--|--|---------------------------------------|---|
| Installer's Name:  |  | Installer's PEI Certification Number: |   |
| Company Name:  |  |                                       |   |
| Street Address:  |  |                                       |   |
| City:  |  | State:                                | Zip:  |
| Installer's Phone Number:  |  |                                       |   |
| Designer's Name:   |  | Company Name:                         |   |
| Street Address:  |  |                                       |   |
| City:  |  | State:                                | Zip:  |
| Phone Number:  |  |                                       |   |
| Property Owner(s):   |  |                                       |   |
| Site Street Address:   |  |                                       |   |
| City:  |  | State:                                | Zip:  |
| System Information <i>(check all that apply)</i> :   |  |                                       |   |
| <input type="checkbox"/> New Construction  | <input type="checkbox"/> Replacement         | <input type="checkbox"/> Mound        | <input type="checkbox"/> In-ground <input type="checkbox"/> Gravity |
| <input type="checkbox"/> Pump to D-Box   | <input type="checkbox"/> Serial Distribution | Number of Beds: _____                 |   |
| <input type="checkbox"/> Effluent Filter Used Design Flow (bedrooms or GPD): _____ Indiana Soil Loading Rate (GPD/ft <sup>2</sup> ): _____ |  |                                       |   |
| Installation Date:   |  | System Startup Date:                  |   |
| State Permit Number:   |  | Local Construction Permit Number:     |   |
| <b>Comments:</b>   |  |                                       |   |