



Environmental Health
SEPTIC RE-INSPECTION
(APPLICATION IS FOR INSTALLERS ONLY)

INSTALLERS NAME: _____

NAME / COMPANY ON LICENSE: _____

Permit Information

NAME ON PERMIT: _____

ADDRESS OF PROPERTY: _____

SUBDIVISION: _____ LOT NUMBER: _____

PHASE: _____ SECTION: _____

IS THE SEPTIC SYSTEM READY FOR RE-INSPECTION? YES___ NO___

WHO WAS THE INSPECTOR THAT CAME OUT? _____

NOTES FOR THE INSPECTOR: _____

Date: _____ SIGNATURE: _____

TO BE COMPLETED BY HEALTH DEPARTMENT

DATE FEES PAID: _____

FEES PAID: _____

RECEIPT #: _____