



ENVIRONMENTAL HEALTH

Septic Re-Inspection

NAME: _____

NAME ON LICENSE: _____

Permit Information

NAME ON PERMIT: _____

ADDRESS: _____

SUBDIVISION: _____ LOT: _____

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 #: _____