



Low Pressure Septic System Inspection

Inspection Date: _____

Property Address: _____ Building Permit# _____

P.I.D. _____

Class of Work: New Alteration/Renovation

Information:

Installed by: Owner Contractor (Name) _____

Location drawing
Submitted Yes No (approved subject to submittal)

Tank pump specifications Yes No (approved subject to submittal)

Inspection:

Two tank system Yes No (reject)

Pump chamber size (min. 1125 L) _____ L Note: Single family residence

Pumps installed
(clear water only) Yes No (reject)

Filters installed Yes No (reject)

System approved for connection to Municipal sewer Yes No

Inspected by: _____

Print Name: _____

Date: _____