



Septic Inspection Request

To SNC Sewage System Inspection

EMAIL - septic@nation.on.ca or FAX - (613) 984-2872

Date submitted: _____ Permit No.: _____

Applicant's name: _____

Township: _____

Name of requestor: _____

Telephone (cell.): _____ Fax # (required): _____

I am (check one):

Engineer/Designer

Property Owner

Installer

PLEASE NOTE: THE INSPECTION WILL BE SCHEDULED UPON RECEIPT OF THIS REQUEST.
TO PREVENT ANY DELAYS, PLEASE INDICATE PERMIT NUMBERS.

Request one of the following inspections indicated below:

Excavation/Scarification

Re-inspection

Installation Inspection

Re-inspection

Refer to attached As-Built drawing

Refer to attached Grain Size Analysis and/or Filter Media Bills

Final Grading Inspection

Re-inspection

Maintenance Agreement

OFFICE USE

Date: _____

APPROVED

NOT APPROVED

FAX TO FOLLOW

Inspector's signature: _____