



**SOUTH NATION  
CONSERVATION  
DE LA NATION SUD**



Tel: (613) 984-2948 • Fax: (613) 984-2872 • Toll Free: 1-877-984-2948 • 38 rue Victoria Street, Finch, ON K0C 1K0 • [www.nation.on.ca](http://www.nation.on.ca)

## INSPECTION FAX REQUEST

**To SNC Sewage System Inspection**

**FAX - (613) 984-2872**

Date submitted: _____ Permit No.: _____ Applicant's name: _____ Township: _____												
Name of requestor: _____ Telephone (cell.): _____ Fax # (required): _____ I am (check one): <input type="checkbox"/> Engineer/Designer <input type="checkbox"/> Property Owner <input type="checkbox"/> Installer												
<p><b>PLEASE NOTE: THE INSPECTION WILL BE SCHEDULED UPON RECEIPT OF THIS REQUEST. TO PREVENT ANY DELAYS, PLEASE INDICATE PERMIT NUMBERS.</b></p>												
<p><b>Request one of the following inspections indicated below:</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Excavation/Scarification</td> <td><input type="checkbox"/> Re-inspection</td> </tr> <tr> <td><input type="checkbox"/> Installation Inspection</td> <td><input type="checkbox"/> Re-inspection</td> </tr> <tr> <td><input type="checkbox"/> Refer to attached As-Built drawing</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Refer to attached Grain Size Analysis and/or Filter Media Bills</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final Grading Inspection</td> <td><input type="checkbox"/> Re-inspection</td> </tr> <tr> <td><input type="checkbox"/> Maintenance Agreement</td> <td></td> </tr> </table>	<input type="checkbox"/> Excavation/Scarification	<input type="checkbox"/> Re-inspection	<input type="checkbox"/> Installation Inspection	<input type="checkbox"/> Re-inspection	<input type="checkbox"/> Refer to attached As-Built drawing		<input type="checkbox"/> Refer to attached Grain Size Analysis and/or Filter Media Bills		<input type="checkbox"/> Final Grading Inspection	<input type="checkbox"/> Re-inspection	<input type="checkbox"/> Maintenance Agreement	
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<p><b>OFFICE USE</b></p> Date: _____ <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> FAX TO FOLLOW Inspector's signature: _____												