



## 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):

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: \_\_\_\_\_