Permit No._____ Permit Date _____ 19__

Owner _____ Address _____

Installed By _____ Address _____

Location of Property _____

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	1000	( )	225'	( )	No. of Baths	( )
Precast	( )	1250	( )	250'	( )	Dishwasher	( )
		1500	( )	Other _____		Garbage Grdr.	( )
		Other _____				Other _____	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection _____ 19__ Approved ( ) Disapproved ( )

Remarks _____

