

Check only one:

INSTALLATION TO BE COMPLETED BY _____

DATE _____ Leave Uncovered until
end of following business day entered above.

PRESSURE/PUMP TEST INSPECTION REQUEST

DATE SENT _____

INSTALLATION OF TANKS ON A **PUD** SYSTEM

DATE SENT _____

**This form shall be faxed or emailed ONE working day prior to starting construction
AND a minimum of 48 hours prior to pressure/pump test request.**

Jefferson County Environmental Public Health Dept.

Phone: 360-385-9444

FAX: 360-379-4487

EMAIL: septic@co.jefferson.wa.us

PERMIT OWNER _____

SITE LOCATION _____

PARCEL NUMBER _____ SEP NUMBER _____

INSTALLER NAME _____ CONTACT PHONE _____

DATE READY FOR INSPECTION _____

SYSTEM WILL REQUIRE PRESSURE TEST - YES _____ NO _____

***The designer is required to complete a pre-cover inspection of all systems. Please contact the designer prior to beginning construction to schedule installation inspections and pre-construction meeting if required per the permit or designs specifications .**

Jefferson County Staff Only::

MONITORING AGREEMENT MAILED DATE & INITIALS _____ PRESSURE TEST SCHEDULED _____

PUD Tank(s) installation only. PUD notified? Date & Initials _____