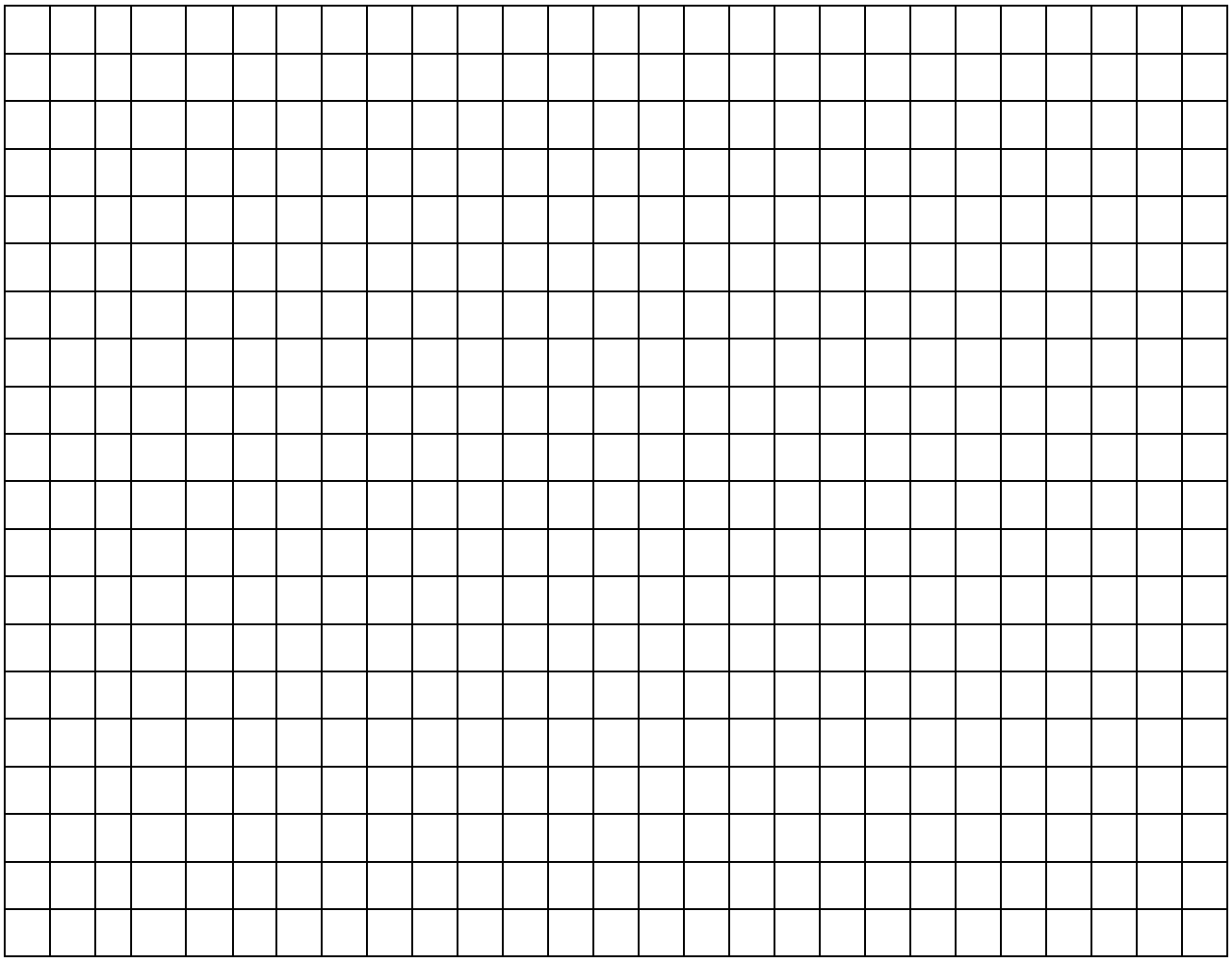
Leeds, Grenville & Lanark District HEALTH UNIT

Permit No._____

AS CONSTRUCTED PLAN



TOTAL LENGTH (metres)

Septic/Holding tank volume (litres)_____ As Built ____ runs of ___metres

Septic/Holding Tank manufactured by:_____ Filter Area _____m2

Signature of owner or installer:
_____ Date: _____

FOR OFFICIAL USE ONLY:

Inspector's signature: _____ Date: _____

Chief Building Official: _____ Date: _____

Permit Faxed Attn: Municipal Building Official_____(Date)

□ Copy – Applicant

R: 03/15 – LC 314