Name of Installation Firm: ___________________________

Folder Sequence # ___________________________

Tax Parcel # ___________________________

Date installed: ___________________________

Tank Manufacturer: ___________________________

Tank size: Septic Tank Pump Chamber ___________________________

Effluent Filter: Manufacturer Model # ___________________________

Effluent Pump: Manufacturer Model # ___________________________

Sand Filter Pump: Manufacturer Model # ___________________________

Control Panel/Alarm: Manufacturer Model # ___________________________

Floats: Manufacturer Model # ___________________________

Sand Filter Floats: Manufacturer Model # ___________________________

Timer Settings: Actual run time on: ___________________________
    time off : ___________________________

Pump chamber draw down in inches per minute: ___________

Squirt Test: Sand Filter Mound/trench/bed ___________________________

Corrected deficiency items identified by TCEH during the final inspection.
___________________________________________________
___________________________________________________
___________________________________________________

Installer Signature: __________________________________

Print Installer Name__________________________________

Applicant Name      _______________________________