

**Check one:**

INSTALLATION START NOTIFICATION    DATE SENT \_\_\_\_\_

PRESSURE/PUMP TEST INSPECTION REQUEST    DATE SENT \_\_\_\_\_

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

Jefferson County Public Health - Environmental 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 \_\_\_\_\_ CONTACT PHONE \_\_\_\_\_

DATE 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.**

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**Jefferson County Staff Only::**

MONITORING AGREEMENT MAILED DATE/INITIALS \_\_\_\_\_ PRESSURE TEST SCHEDULED \_\_\_\_\_