

INSTALLER CONSTRUCTION COMPLETION FORM

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 _____