



Backfill Verification and System Specifications

Site Address _____ City _____

Applicant Name _____ Permit # _____

Installation Firm _____ # _____

System Designer _____

I, _____, Certified Installer, was present at the above property supervising placement of the final cover. Date Covered ____/____/____

 Signature Certification #

Specifications

<p><u>Septic Tank</u> Manufacturer _____ Size _____</p> <p>Compartments _____ Outlet Filter Manufacturer _____</p> <p><u>ATU</u> Manufacturer _____ Model _____</p>

<p><u>Pump Chamber</u> Manufacturer _____ Size _____</p>

<p><u>Pump</u> Manufacturer _____ Model _____ Volts _____</p> <p>Squirt Height _____ in., Drawdown _____ in/min ⇒ gal/min _____</p>
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<p><u>Timer Control Panel</u> Manufacturer/Model _____</p> <p>“On” Time _____ (min/sec) “Off Time” _____ (min/hr)</p> <p>Gal/Dose _____ # of Doses/Day _____</p>
