



System Information Record

New System Install

Record #: _____

Date:	Completed By:	Staff Onsite:	Permit #:
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Installation Identification	
Date of Installation:	System Serial #:
Installation Address:	
City:	Province:
Postal Code:	Country:
Please Indicate: <input type="checkbox"/> New Construction <input type="checkbox"/> Existing Building	

Model Installed
Manufacturer:
Model #:
<input type="checkbox"/> Concrete Tanks
<input type="checkbox"/> Plastic Tanks
<input type="checkbox"/> Fibreglass Tanks
<input type="checkbox"/> Effluent Filter
<input type="checkbox"/> Exterior Air Pump Chamber
<input type="checkbox"/> Pump Type: _____ _____
Serial #: _____
Volt: _____
<input type="checkbox"/> Pumping Station Indicate Location: _____ _____ _____ _____
Description of Distribution Field: _____ _____ _____ _____

Installer Identification	
Contact Name:	
Business Name:	
License #:	E-mail:
Home Phone:	Cell Phone:
<input type="checkbox"/> Owner's manual and maintenance agreement given to client	
Distributor Name:	Contact:
Precast Dealer:	Contact:
Designer/P.Eng:	Company Name:
Please Indicate if Client is the Builder or Septic Contractor:	

Client Identification	
Full Name:	E-mail Address:
Home Phone:	Cell Phone:
Mailing Address (if different from Installation Address)	
Address:	
City:	Province:
Postal Code:	Country:

Additional Details and Comments