

SANITATION RECORD

BUILDING ADDRESS:

PERMIT NUMBER:

DATE ISSUED:



CITY OF TACOMA - PDS / Site and Building Division

SIDE SEWER DRAWINGS

To be filled out by inspector

CONTRACTOR:

INSPECTED BY:

DATE INSPECTED:

COMMENTS:

Pass / Fail / NA

Water/Air Test

Yes / No

Compaction Test

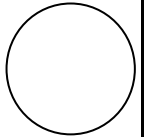
Yes / No

Street/ROW
Repairs Required

() NEW

() REPAIR

() OTHER



NORTH