

Watertight Tank Test (Vacuum)

This is to certify that the watertight tank test was performed

on a _____ gallon septic tank and/or a _____ gallon
pump chamber at

(site address or property ID #)

on _____ for permit # _____.

(date)

The tank(s) were test on-site and in-place at the above noted location at

_____ lbs of pressure was sustained for _____ minutes. Tank(s)
were found to be in compliance.

If corrections or replacement needed please explain:

(signature)

(date)

Company Name: _____