# CITY OF SEDONA
## WASTEWATER

PERMIT NUMBER
**W** _____

Owner _____

Contractor _____

Address _____

# INSPECTION RECORD
## TO BE POSTED ON JOBSITE AT ALL TIMES
### CALL 204-7111 FOR INSPECTIONS
**24 HOUR NOTIFICATION IS REQUIRED**

| | DATE | REMARKS | INSP. |
|---|---|---|---|
| SEWER LINE | | | |
| HOOK-UP | | | |
| SEPTIC | | | |
| NOTES | | | |
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