



FDOH - Lee County Environmental Health

INITIAL INSPECTION REQUEST

DATE: _____

OSTDS Permit No.: _____

APPLICANT: _____

LOCATION ADDRESS: _____

CONTRACTOR: _____

LICENSE NO: _____

QUALIFIER: _____

FILL SOURCE: _____

I, _____, have been contracted to install an onsite wastewater treatment and disposal system at the address referenced above. I certify that all work was conducted by me or by persons employed by me under my direct supervision.

Signature of licensed septic tank contractor/plumber

Printed Name: _____

Address: _____

Telephone Number: _____

FAX Number: _____

2295 Victoria Avenue, #206
Fort Myers, FL 33901
Phone: 239-690-2100 Fax: 239-690-2101