



GUAM ENVIRONMENTAL PROTECTION AGENCY  
AHENSIAN PRUTEKSIÓN LINA'LA' GUÅHAN

# Guam EPA Business License & Permit Center Section

## Inspection Schedule

**INSTRUCTIONS:**

This form is to be prepared in three (3) copies at the Guam Business License & Permit Center at least seventy-two (72) hours in advance. NOTE: Provide a location map (drawing or sketch) on the back sheet of the white copy. This is not valid unless pertinent inspection reports are attached in the white and yellow copy, and duly signed by the assigned Guam EPA staff.

Owner \_\_\_\_\_

Permit No. \_\_\_\_\_

Project Type \_\_\_\_\_

Contractor \_\_\_\_\_

Location \_\_\_\_\_

Lot No. \_\_\_\_\_

Schedule Date \_\_\_\_\_

Schedule Time \_\_\_\_\_

Date Requested \_\_\_\_\_

**Indicate the type of work requiring inspection:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> On-site Drainage System    | <input type="checkbox"/> Grease Interceptor     | <input type="checkbox"/> Clearing & Grading |
| <input type="checkbox"/> Septic Tank/Leaching Field | <input type="checkbox"/> Site/Ocular Inspection | <input type="checkbox"/> Backfilling        |
| <input type="checkbox"/> Sewage Treatment Plant     | <input type="checkbox"/> Stockpiling            | <input type="checkbox"/> OTHER: _____       |

**REMARKS (Clearly explain the type of work that requires inspection):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector's Name (PRINT) \_\_\_\_\_

Inspection Date \_\_\_\_\_

Inspection Time \_\_\_\_\_

R.M.E of Contractor/Owner \_\_\_\_\_

Contact No. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

– DO NOT WRITE BELOW THIS LINE –

**CERTIFICATION OF GUAM EPA OFFICIAL:**

I certify that all work  has been done •  has NOT been done in compliance with Guam EPA Rules and Regulations with the approved plans and specifications, and with the Building Law of the Government of Guam.

Guam EPA Official \_\_\_\_\_

Date \_\_\_\_\_

APPROVED  DISAPPROVED

