



507-895-8213

A Division of; Jake Wieser Construction, Inc.

LIC #L2929

## WORK ORDER FORM

**TYPE OF WORK** (SELECT ALL THAT APPLY)

SEPTIC INSPECTION     WELL INSPECTION     WATER TEST  
 Bacteria     Arsenic  
 SEPTIC DESIGN     Nitrate     Lead     Radon

**PROPERTY OWNERS NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_ **Cell#** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**DIRECTIONS:** \_\_\_\_\_

**HOUSE INFORMATION NEEDED FOR INSPECTION:**

DATE EXISTING SYSTEM WAS CONSTRUCTED (IF APPLYS): \_\_\_\_\_  
REASON FOR WORK: \_\_\_\_\_  
NUMBER OF BEDROOMS: \_\_\_\_\_  
NUMBER OF BATHROOMS: \_\_\_\_\_  
DISHWASHER: \_\_\_\_\_  
GARBAGE DISPOSAL: (YES OR NO) \_\_\_\_\_ SEWAGE PUMPED TO TANK; (YES OR NO) \_\_\_\_\_  
HAS THERE EVER BEEN ANY PAST LEACHING OF SEWAGE TO THE SURFACE OF THE GROUND (YES OR NO) \_\_\_\_\_

**I have read and agreed to all the terms in the On-Site Wastewater Treatment System Inspection and or Design Agreement. Payment for the above services will be paid by; (Check one and fill out accordingly)**

- 1.) Check
- 2.) Credit/Debit card   
Please circle one; VISA / MC / Discover / AE / Other  
Name that appears on the card: \_\_\_\_\_  
Billing address of card \_\_\_\_\_  
CARD NUMBER; \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
EXP Date; \_\_\_\_\_ / \_\_\_\_\_  
Three-digit code \_\_\_\_\_

**COMPANY AND AGENT ORDERING THE INSPECTION;**

COMPANY: \_\_\_\_\_ AGENT: \_\_\_\_\_  
TELEPHONE #'S: \_\_\_\_\_ FAX# \_\_\_\_\_ EMAIL: \_\_\_\_\_  
DATE ORDERED: \_\_\_\_\_ TIME ORDERED \_\_\_\_\_  
REQUESTED COMPLETION DATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

Mail or Email this for to: 7750 TT Rd Houston, MN 55943 or Email: [holly@wieserseptic.com](mailto:holly@wieserseptic.com)