

HOLDING TANK SYSTEM COVER SHEET
TREMPEALEAU COUNTY HEALTH DEPARTMENT

Owners Name _____

___ 1/4 ___ 1/4 Section _____ T _____ N R _____ W

Gallons Per Day _____ Number of Bedrooms _____

Describe Benchmark _____

Tank Manufacturer _____ Tank(s) Size _____

Setback Information(Indicate Distance) TANK

Property Line	_____
Well	_____
Buildings	_____
Service Road	_____

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- Attachments:
- 1. Plot Plan (page #) _____
 - 2. Tank Cross Section (page #) _____
 - 3. Management/Maintenance Plan (page #) _____
 - 4. Holding Tank Agreement (page #) _____
 - 5. Holding Tank Servicing Contract (page #) _____
 - 6. Other _____

Submitting Plumber Signature _____ Date _____

License Number _____ Phone Number _____

Indicate the Component Manuel Used in Design _____
(2/21/06)