

CONVENTIONAL SYSTEM COVER SHEET
TREMPEALEAU COUNTY HEALTH DEPT.

Owners Name _____

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

Gallons Per Day _____ Number of Bedrooms _____

Chamber System _____ Rock and Pipe System _____

Chamber Manufacturer _____ Number of Chambers(total) _____

Supplier of Rock _____

Describe Benchmark _____

Elevation(s) of System _____ Square Footage of System _____

Septic Tank Manufacturer _____ Size of Tank(s) _____

Type of Effluent Filter _____ Type of Pump(if needed) _____

Setback Information indicate distance) TANK DRAINFIELD

Property Line	_____	_____
Well	_____	_____
Buildings	_____	_____

- Attachments:
1. Plot Plan(page #) _____
 2. Trench or Bed Layout(page #) _____
 3. System Cross Section(page #) _____
 4. Tank Specifications/Cross Section(page #) _____
 5. Pump Curve(page #) _____
 6. Management Plan(page #) _____
 7. Other _____
- Total Pages _____

Submitting Plumber Signature _____ Date _____

License Number _____ Phone Number _____

Indicate Component Manuel Used In Design _____
(2/21/07)