

LA CROSSE COUNTY PLAN REVIEW COVER SHEET

Owner's Name: _____

Parcel ID# _____

Town of: _____

TYPE OF POWTS:

- In-ground non-pressurized 3,000 gpd or less design wastewater flow
- In-ground non-pressurized with dose pump 3,000 gpd or less design wastewater flow
- Holding tank for 1-2 family dwellings
- Holding tank for public or commercial with estimated wastewater flow of 3,000 gpd or less

COMPONENT MANUAL USED:

- In-Ground Soil Absorption (Version 2.0) SBD-10705-P (N. 01/01; R. 10/12)
- Holding Tank (Version 2.0) SBD-10855-P (N. 03/07; R. 01/12)

SOIL EVALUATION REPORT INFORMATION:

Property Owner: _____ CST: _____ Date _____

Gallons Per. Day: _____ Number of Bedrooms _____

Benchmark Description _____

- LEACHING CHAMBER SYSTEM

Manufacturer _____ Model # _____ # of Chambers _____

- With Fabric
- Without Fabric

- POLYSTYRENE AGGREGATE

INFILTRATOR Model # _____ # of Units: 10' _____ 5' _____

- TREATMENT/ HOLDING TANK:

Manufacturer: _____ Size: _____

- OTHER Explain: _____

ATTACHMENTS:

- Cover sheet, index page
- Plot Plan
- Plan View, Cross-Section of Cell Layout
- Tank Specifications/Cross Section
- Pump Curve
- Management/Maintenance Plan
- Effluent Filter Manufacturer Specifications
- Holding Tank Agreement
- Holding Tank Servicing Contract
- Other

Plumber _____

Designer _____

Signature _____

Date _____

License Number _____

Phone Number _____