

In-Ground Dosed-Gravity Plan Index & Cover Sheet

*Component Manual Design References:
Version 2.0, SBD-10705-P (N.01/01, R. 10/12)*

Pg 1 of 5	Index & Cover Sheet
Pg 2 of 5	Plot Plan
Pg 3 of 5	Dispersal Area Cross-Section & Plan View
Pg 4 of 5	Pump Tank Specifications
Pg 5 of 5	Management Plan

Attachments:	Enclosures:
Pump Curve	POWTS Application for Review
	Soil Evaluation Report & Site Map

Project Name / Description

Owner Name(s): _____ **Phone:** _____ - _____ - _____
Owner Address: _____ **Zip:** _____
Project Address: _____
Govt. Lot: _____ 1/4 of _____ 1/4, Section _____, T _____ N-R _____ E or W
Township: _____ **County:** _____
Project Parcel ID #: _____

Designer Information

Designer Name: _____ **Phone:** _____ - _____ - _____
Designer Address: _____ **Zip:** _____
E-mail: _____ This space reserved for approval stamp.
License Number: _____
Remarks: _____

Signature: _____ **Date:** _____

Original signature required on each submitted copy.