

In-Ground Gravity Plan Index & Cover Sheet

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

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Attachments:	Enclosures:
	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.