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
INFLITRATOR 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 _________________

11/2017