

ELEVATIONS

Complete this form
Fax (715) 373-0114 to Zoning Dept

Was Inspector Present for Sanitary Installation: Yes No

Property Owner _____

Township _____

Sanitary Permit # _____

Benchmark _____

Septic Tank #1
Holding Tank
Inlet _____

Outlet _____

Septic Tank #2
Holding Tank
Inlet _____

Outlet _____

Building Sewer _____

System Elevation _____

Header _____

Finish Grade _____

Pump Tank
Inlet _____

Top of Block _____

Comments

