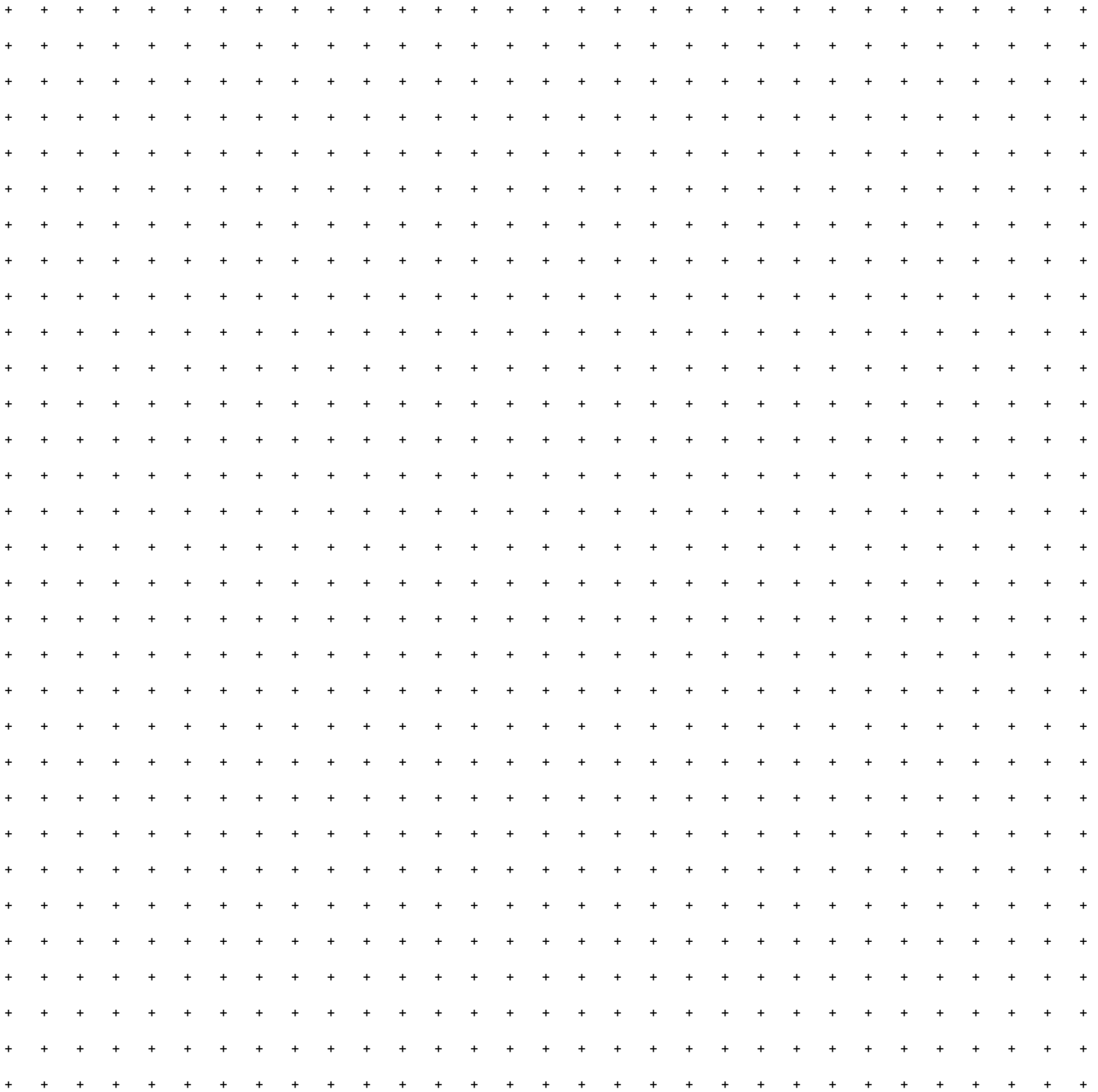
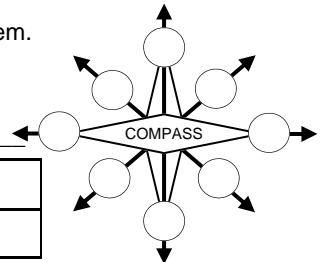


INSTALLER INSTRUCTIONS: Complete form & provide the layout of the household sewage treatment system below. Include a benchmark location, relevant elevations, indicated scale & orientation, dimensions of system components, and location of any wells/water supplies.



I certify the site plan shown above is reasonably accurate with respect to the proposed sewage treatment system. If this site plan is approved for the installation permit, I agree that any changes to this site plan require that the Henry County Health Department to be notified prior to beginning any installation work.

Signature: _____



Property Address:	Name of Owner:
Installation Company:	Drawn By:
Date Drawn:	SCALE: _____ = _____

August 2007 HCHD

Layout plan approved disapproved by: _____ Date: _____