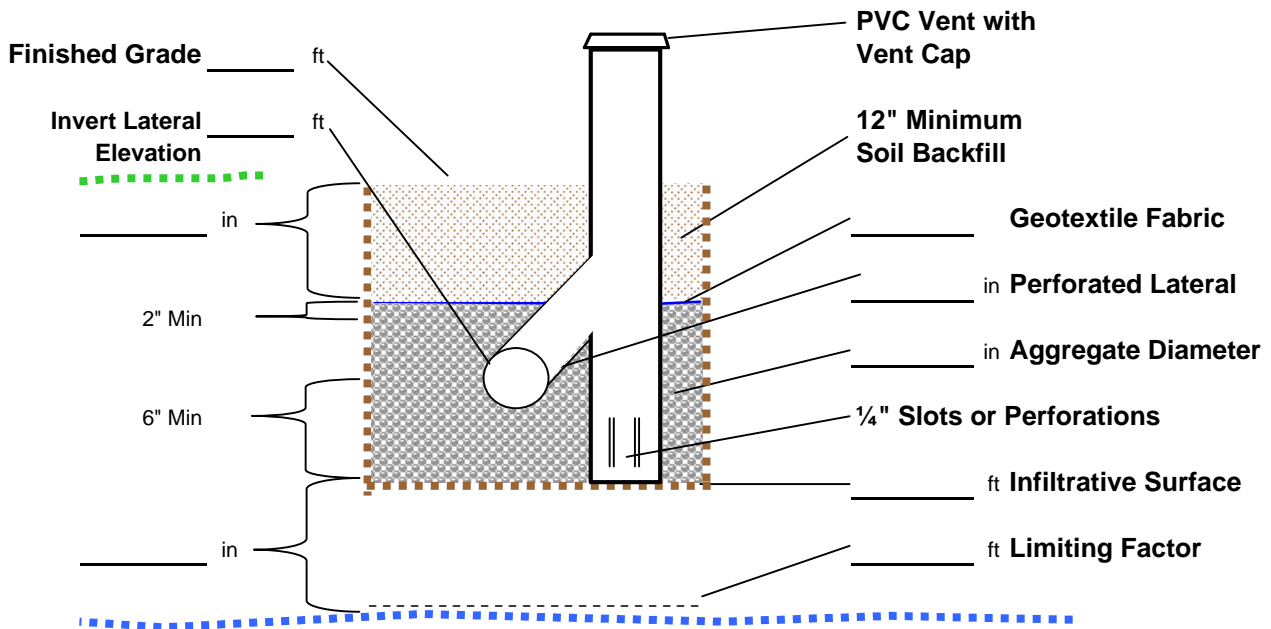


Owner's Name: _____

_____	No. of Cells	_____	Number of Laterals
_____ ft	Cell Width	_____ ft	Lateral Spacing
_____ ft	Cell Length	_____ ft	Lateral Length
_____ ft	Cell Spacing	_____ in	Lateral Diameter
_____	Total Sq Ft Absorption Area		

TYPICAL CROSS SECTION



Plumber/Designer Signature: _____

License #: _____

Date: _____