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SEPTIC SYSTEM AS CONSTRUCTED DIAGRAM

PLEASE PRINT CLEARLY		APPLICANTS NAME:	PLEASE PROVIDE
Lot No:	House No:		ASSESSMENT NUMBER
Street:			
Town/ Suburb:			BUILDING LICENCE NUMBER
Owners Name:		PLUMBERS LICENCE NUMBER	

I CERTIFY THAT THIS PLAN SHOWS THE LAYOUT AND DIMENSIONS OF THE APPARATUS FOR THE TREATMENT OF SEWAGE PLANNED BY ME FOR THE ABOVE ADDRESS

APPLICANTS SIGNATURE: _____ DATE: _____

IMPORTANT: USE BLACK INK OR BLACK BALLPOINT PEN ONLY