DOUGLAS COUNTY
HEALTH DEPARTMENT COLORADO

Property Address _____

Permit # _____

System Completion Date _____

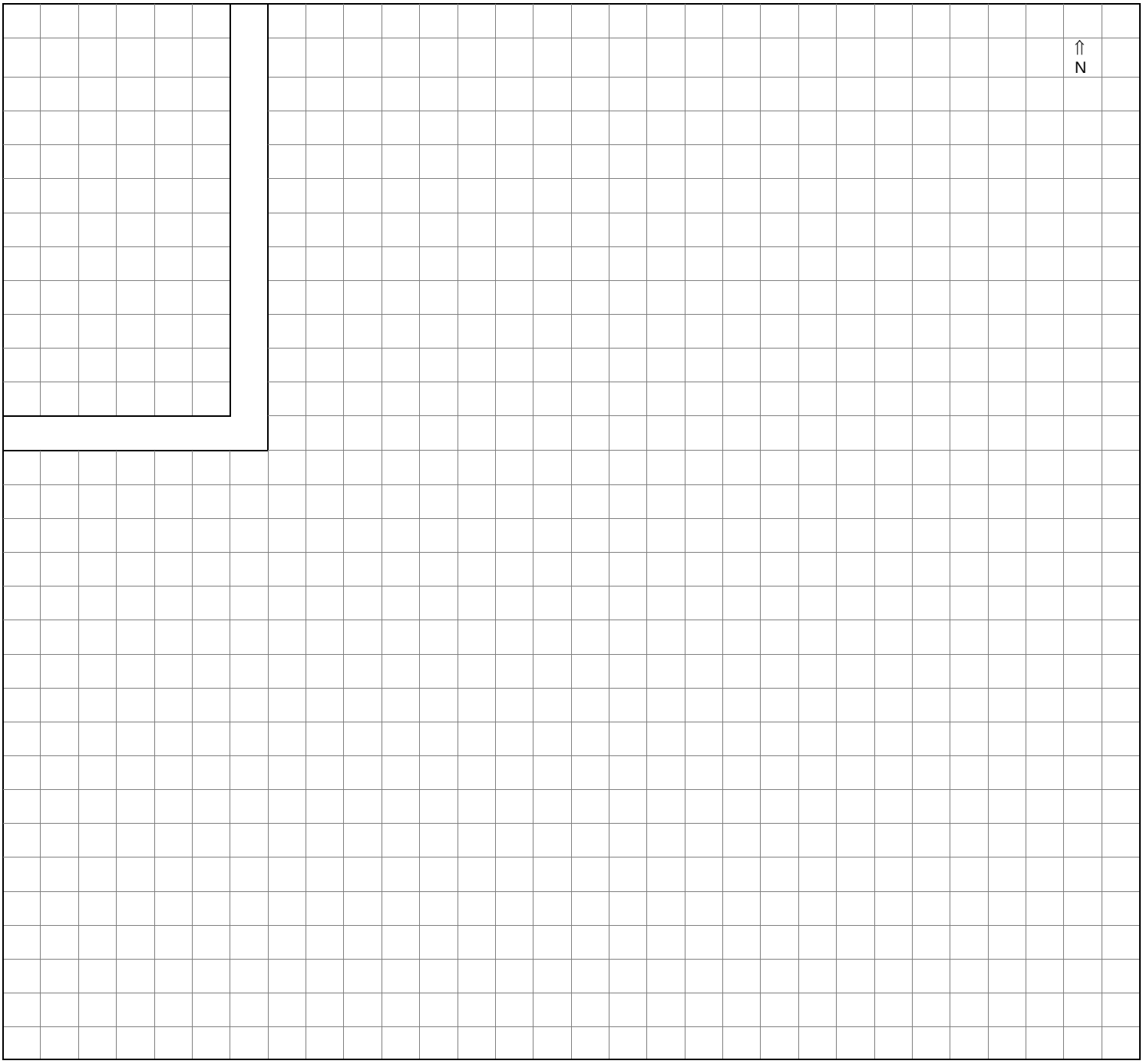
Installer Name _____

Installer License # _____

Installer Address _____

Installer Phone _____

On-site Wastewater Treatment System Record Drawing

Table of horizontal distances

Indicate location of well (if known).