

POLK COUNTY COMMUNITY DEVELOPMENT
ENVIRONMENTAL HEALTH

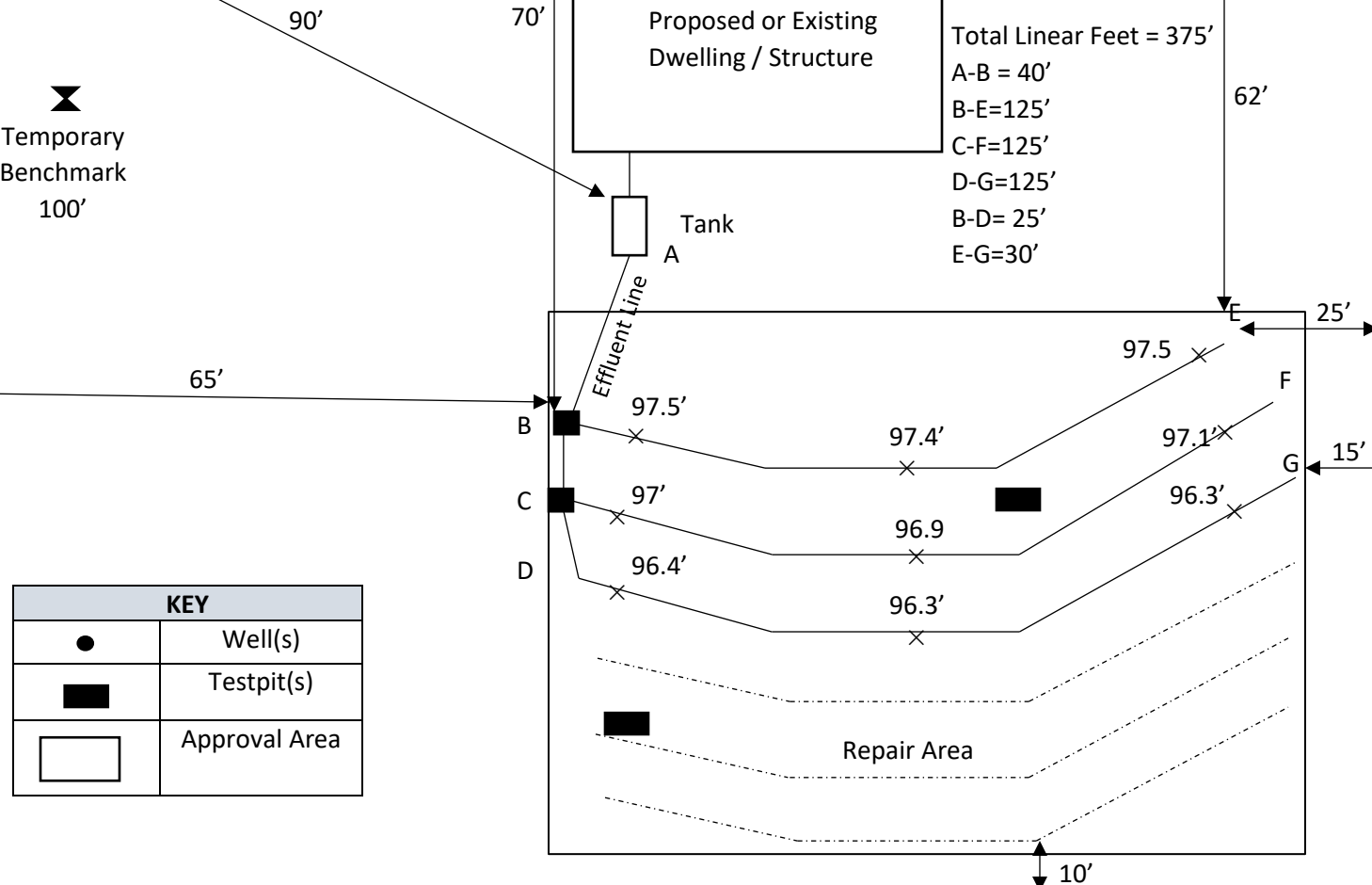
SAMPLE SYSTEM PLAN

System Plan

Property ID: 00S00W00 0000
Permit Number: 687-XX-XXXXX
Date Produced: 03/14/2022

Provide and check the following:

- ☐ Temporary benchmark or elevation control point.
- ☐ Measurements from the end of the outside disposal lines to a property line or fixed point.
- ☐ Line lengths indicated (total must equal required).
- ☐ Relative elevations (at least 3 per line).
- ☐ Effluent or pressure transport line located.
- ☐ Area reserved for replacement system indicated.



KEY	
●	Well(s)
■	Testpit(s)
□	Approval Area

1-inch equals 30 feet

Applicant's Name and Signature

Date