Print Form

SF-07
(Rev. 11/10)

EFFLUENT REDUCTION

Type of Effluent Reduction Installed:

Manufacturer of Effluent Reduction: Brand:

Size of Effluent Reduction Field Lines:

Length **Width** **Depth**

Pump Chamber Provided: Pump On Level @ gallons

Pump Size & Capacity: Horsepower Gallons per Minute

Disinfection Provided: Type of Disinfection: Other: (**specify**)

Sprinkler Heads:

Size **Type** **Number of Heads Installed**

Pump Force Reduced by: Back Flow Prevention Required:

Distance of E/R Components From: Property Lines: Water Well:

Water Lines:

CERTIFICATION: I hereby certify that the effluent reduction has been installed in accordance with manufacturer's specifications and requirements of the State Public Health Sanitary Code. I acknowledge, by signature below, I understand that failure to fulfill all obligations for the installation of this treatment plant and all applicable parts will result in non-renewal of my licensure with the State of Louisiana and may result in the revocation of my license and/or fines of up to $10,000 per year.

Signature of Installer:

Combination License # Phone # Date Installed:

Signature of Maintenance Provider:

Combination or Maintenance # Phone# Date Installed: