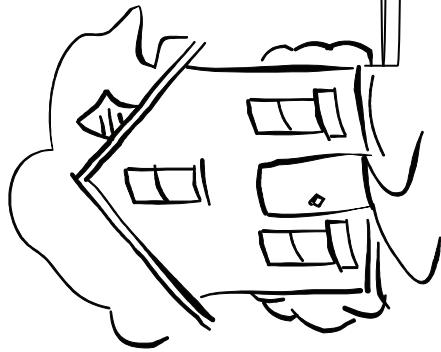


CASS COUNTY HEALTH DEPARTMENT

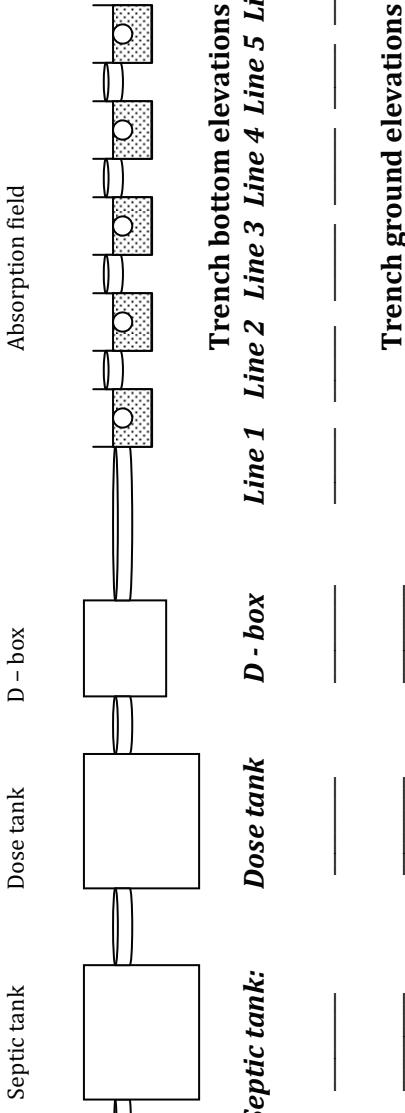
512 HIGH ST., LOGANSPORT, IN 46947

Elevations Work Sheet

This form must be submitted with the Materials list (back page).



*Fill in ALL line elevations starting with the reference point.
For the absorption area, please fill in BOTH the ground
elevations and the trench bottom elevations*



Benchmark: _____
Location: _____

(Actual or Proposed) Outlet: _____
Inlet: _____

Sewer line **Septic tank** **Dose tank** **D - box** **Line 1** **Line 2** **Line 3** **Line 4** **Line 5** **Line 6** **Line 7**

Trench bottom elevations
Manifold: _____
Distal: _____

Trench ground elevations

*Fill in below the elevations of the four corners of the perimeter drain.
Please label the four corners on your drawing A through D. If you are
only installing an up slope drain, fill in A and B.*

Perimeter Drain Ground Elevations: A _____ B _____ C _____ D _____
Perimeter Drain Invert Elevations: A _____ B _____ C _____ D _____

Perimeter drain outlet elevation: _____

Most Shallow Depth of Drain in Inches: _____

Water Elevation: _____ (if applicable)