

**EFFLUENT REDUCTION**

PERMIT NUMBER:

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  
(For Spray Irrigation)

Gallons per Minute

Disinfection Provided:

Type of Disinfection:

Other: (specify)

Sprinkler Heads:

**Size**

**Type**

**Number of Heads Installed**

Pump Force Reduced by:  
(For Spray Irrigation)

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: