

**Elevated Septic System  
Subsurface Sewage Disposal System  
Conditions of Approval**

Municipality:

Block:

Lot:

Street Address:

I/we, the undersigned homeowner(s) of the above referenced property, have read, and reviewed the application and site plan. I/we understand and approve the following conditions of approval for the proposed elevated sewage disposal system proposed for my/our property:

1. The proposed septic system will incorporate an elevated septic disposal field bed. Which means the area of the septic field bed will be higher than the surrounding areas.

By signature and date below, I/we agree to the terms of this document:

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Seller

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Date

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Buyer

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Date