



**AMERICAN MANUFACTURING COMPANY, INC.**

P.O. BOX 549

Manassas, Va. 20108-0549

1-800-345-3132

703-754-0024 fax

**PLEASE RETURN TO PETERSEN, PO BOX 340, FREDONIA, WI 53021, FAX 800-669-1232**

**WARRANTY REGISTRATION**

DATE \_\_\_\_\_

JOB NAME & LOT # \_\_\_\_\_

**REQUIRED INFORMATION**

COUNTY: \_\_\_\_\_

SYSTEM TRACKING NO. \_\_\_\_\_ SAME AS SERIAL NO. (if not known use last name)

**I APPLICATION INFORMATION (PROJECT LOCATION)**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LOCALE: \_\_\_\_\_ (CITY, TOWN, VILLAGE) (Same?)

**IV TYPE OF PERMIT**

TYPE OF PERMIT: \_\_\_\_\_ (NEW, REPAIR, OTHER)

**V SYSTEM COMPONENTS**

SYSTEM COMPONENT \_\_\_\_\_ (DRIP SYSTEM, OTHER) W/SERIAL NO.

**XI OTHER INFORMATION**

FINAL INSPECTION DATE: \_\_\_\_\_ SERVICE PROVIDER: \_\_\_\_\_

FLOW METER READING \_\_\_\_\_

**REQUESTED INFORMATION**

**I APPLICATION INFORMATION**

Other Description: Latitude. \_\_\_\_\_ Longitude. \_\_\_\_\_

**II TYPE OF BUILDING**

Type of Building \_\_\_\_\_ #Bedrooms \_\_\_\_\_

**VI ABSORPTION SYSTEM INFORMATION**

- 1. Gallons per Day \_\_\_\_\_ gal
- 2. Absorption Area Required \_\_\_\_\_ sq ft.
- 3. Absorption Area Provided \_\_\_\_\_ sq ft.
- 4. Loading Rate \_\_\_\_\_ gal/day/sq ft.
- 5. Perc Rate \_\_\_\_\_ Min / in.

**VII TANK INFORMATION**

Septic Tank Gallons ( ) New ( ) Used \_\_\_\_\_ Pump Tank Gallons ( ) New ( ) Used \_\_\_\_\_

Aeration Unit Tank Gallons ( ) New ( ) Used \_\_\_\_\_

**VIII RESPONSIBILITY STATEMENT (Name. Address, Phone)**

Installer \_\_\_\_\_

Engineer/Designer: \_\_\_\_\_