

# REQUEST FOR SERVICES SEWAGE SYSTEM DESIGN

**Tower Designs, Inc.**

P.O. Box 2022  
Leavenworth, WA 98826  
509-548-4496; 509-548-2373 fax  
[keith@towerdesigns.com](mailto:keith@towerdesigns.com)  
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**Estimated Fees**

Design depends on type and size,  
\$380-\$1200 (residential)

In order to perform your site evaluation accurately, the following information is necessary before the work can be scheduled. Please complete this form and [email](#) or mail it to the address listed above with the site plan and plat map.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Type of Use**

Residential

Number of bedrooms: \_\_\_\_\_

Commercial

Describe use: \_\_\_\_\_

System will be used for overnight rental?

**Property Description**

County: \_\_\_\_\_

Assessor Parcel #: \_\_\_\_\_

Legal Description (Lot, Subdivision): \_\_\_\_\_

Street Address: \_\_\_\_\_

Directions: \_\_\_\_\_

**Source of Drinking Water**

Private well

Surface water

Public Source

System name: \_\_\_\_\_

**Please attach a site plan showing property lines, existing and proposed buildings, driveways, wells, neighbors wells (if known), and all other improvements that are planned for the property. If a plat map of the property is available, please include this. The preferred location for the tanks and drainfield should be indicated also.**

I agree to pay Tower Designs, Inc. the fees discussed and estimated above for the services requested as soon as the work is completed and invoices are presented for payment. I further agree to pay the backhoe operator's fees if they are arranged by Tower Designs, Inc.

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Name

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Date

Notes: