



Licking County Health Department
675 Price Road Newark, OH 43055

SEWAGE TREATMENT SYSTEM AS-BUILT DRAWING FORM

Owner: _____ Permit: _____

Property Address: _____

Installation Date: _____ Installer: _____

Number of Bedrooms: _____ (x120) _____ GPD Depth to Limiting Layer: _____

Septic Tank: _____ gallons Aeration Tank: Jet Norweco HydroAction Multi-Flo Other: _____

Effluent Filter on septic tank Tank Distributor _____

Lift Pump Tank Size: _____ Tank Distributor: _____ Pump Size _____ HP _____ GPM

Leaching: _____ sq. feet Trench Depth: _____ Trench Width: _____ Trench Length: _____

Gravelless: EZ Flow 18" Leach Chambers 24" Leach Chambers 36" Leach Chambers
 Low Profile Other: _____

Gravel: Size: _____ Depth: _____

Mound: Average Sand Fill Depth: _____

Drip Distribution System Manufacturer: _____

Other: _____

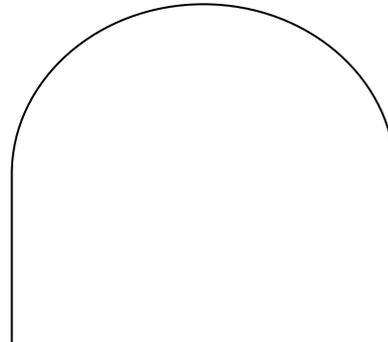
Any change from the approved design plan must be approved by the Licking County Health Department prior to the installation. Failure to submit a completed as-built drawing will result in the STS being disapproved.

Profile (cross section) of Leaching Trench or Mound with depths or elevations:

Amount of top soil covering system



Bottom of Trench ↑

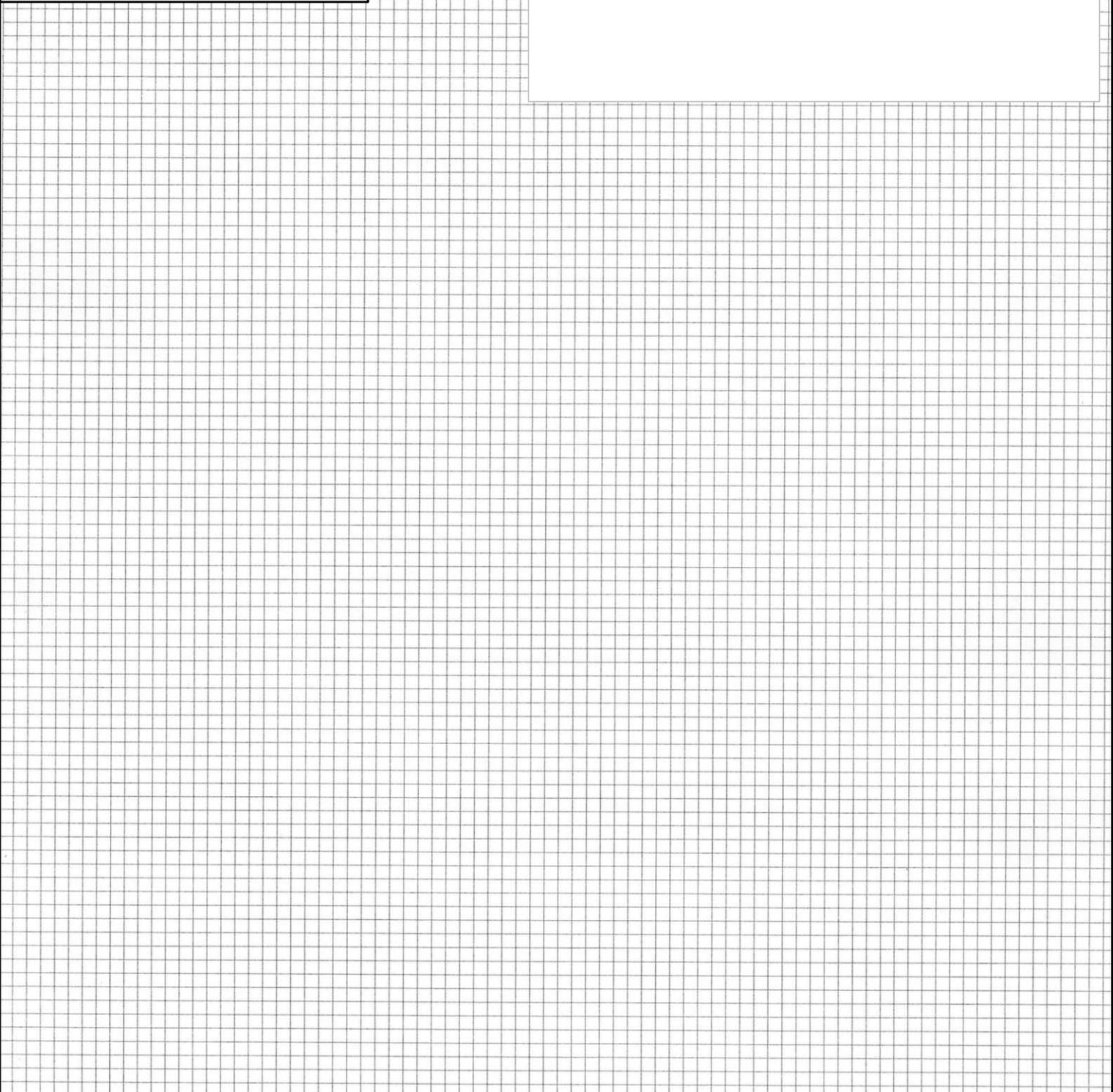


Mound

SITE DRAWING

Scale: _____ inch = _____ feet

Elevations



Items to be identified:

- 1. Septic, aeration, lift tanks, & distribution device.
- 2. Layout of leaching, mound, drip irrigation, or other treatment
- 3. Types of materials used, gravel, pipes, sand, straw, paper, etc.....
- 4. Control panel & alarm location

5. Show all measurements from Sewage Treatment System.

- A. Property Lines
- B. Buildings
- C. Water Wells
- D. Pond, stream, etc...
- E. Road right of way
- f. Driveway

- 6. Benchmark location
- 7. Secondary area
- 8. Abandoned system
- 9. Detailed measurements

I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.

Authorized Representative: _____ Date: _____