



**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:** \_\_\_\_\_ gallons **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:** \_\_\_\_\_

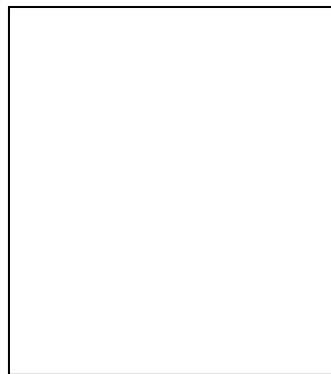
**Drip Distribution System Manufacturer:** \_\_\_\_\_

**Other:** \_\_\_\_\_

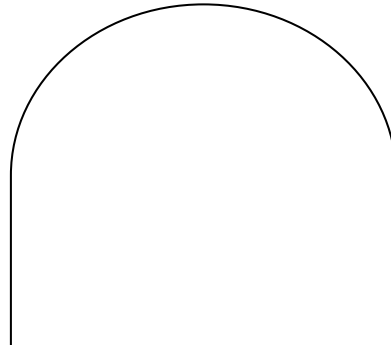
Any change from the approved design plan must be approved by the Licking County Health Department prior to the installation. Failure to submit a completed as-built drawing will result in the STS being disapproved.

**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



**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: \_\_\_\_\_