



NEWARK

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PATASKALA

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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:** _____

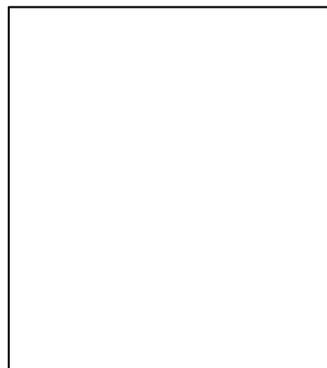
Drip Distribution System Manufacturer: _____

Other: _____

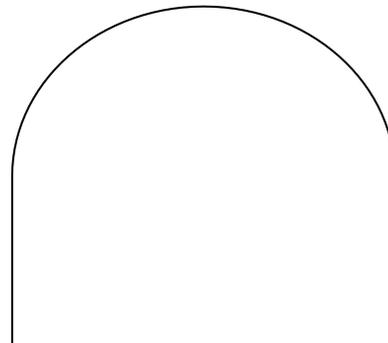
Any change from the approved design plan must be approved by the Licking County Health Department prior to the installation. Failure to submit a completed as-built drawing will result in the STS being disapproved.

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

Amount of top soil covering system



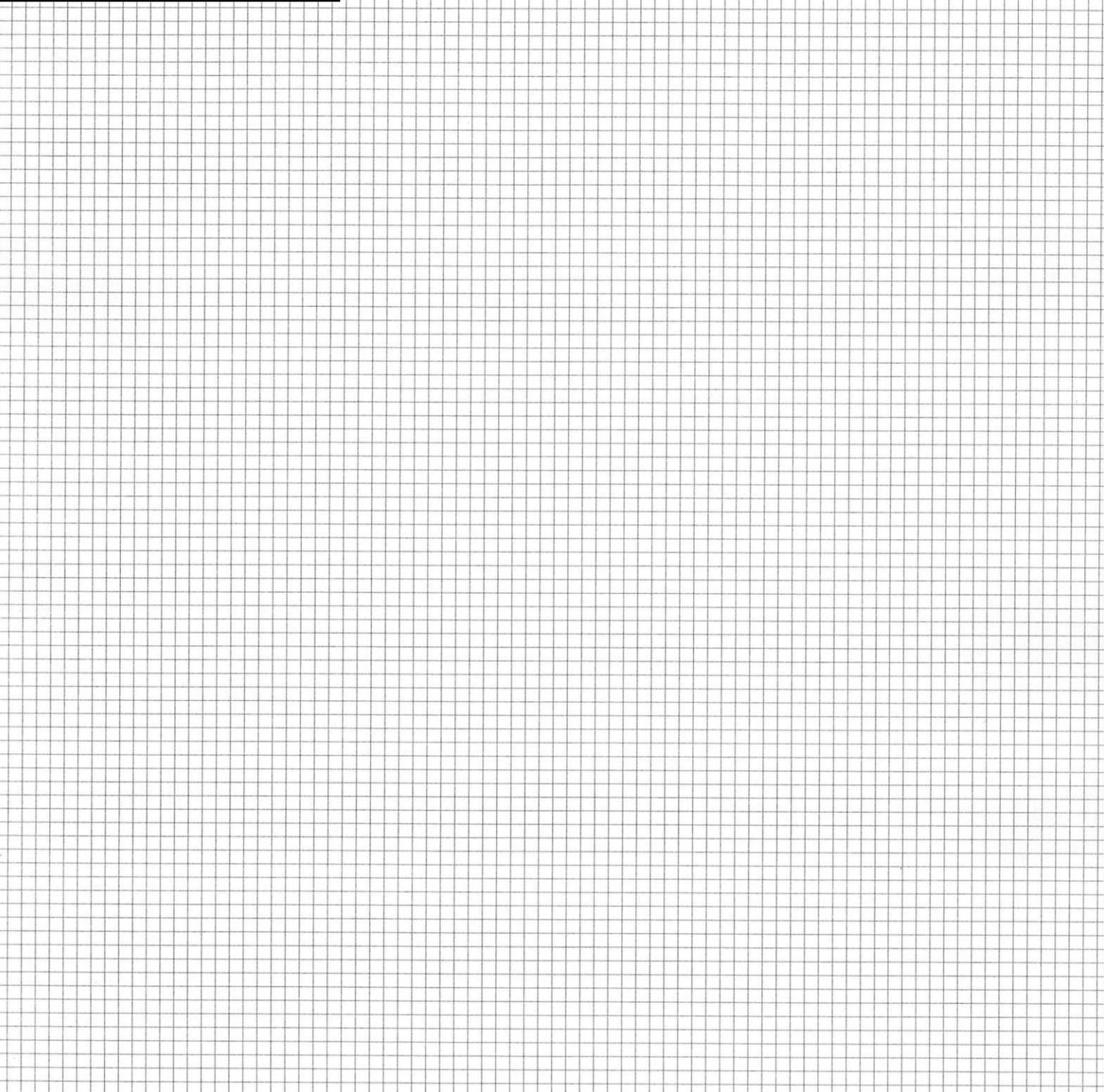
Bottom of Trench ↑



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: _____