



SEWAGE TREATMENT SYSTEM AS-BUILT

Property Information		Township: _____	Permit#: _____
Property Address: _____		Owner: _____	
Installer: _____		Registration Verified Y / N	
Building Sewer <input type="checkbox"/> 4" PVC (DWV) ASTM D 2665 equiv.			
Total Length: _____		# of cleanouts: _____	
Elevation at building: _____		Elevation at tank: _____	
Primary Treatment		Tank Type: Precast / Plastic	Size: _____ gallons
Tank Manufacturer: _____			
Pretreatment Device: _____		Serial# _____	
Distributor: _____			
Bedding Material: _____		Depth: _____	Backfill Material: _____
Risers Sealed: Y / N	Baffles: Y / N	In & Outlets Sealed: Y / N	NSF Effluent Filter: Y / N
Dosing Tank/Lift Station			
		<input type="checkbox"/> Timed-dosing	<input type="checkbox"/> Demand-dosing
Type: Precast / Plastic	Size: _____ gallons	Gallons/ dose: _____	Dose frequency _____
Risers Sealed: Y / N	In & Outlets Sealed: Y / N	Control Panel: Y / N	
Bedding Material: _____		Depth: _____	Backfill Material: _____
Pumps			
Manufacturer: _____		Size: _____	
<input type="checkbox"/> UL or CSA Listed	<input type="checkbox"/> Quick Disconnect	<input type="checkbox"/> Audible & Visual Alarms	<input type="checkbox"/> Weep hole/ Check valve
		<input type="checkbox"/> Wiring Meets National Elec. Code	
Distribution			
Distribution Line Material (tank to first box): _____		Trench Length: _____	
Depth of Trench Bottom: _____		Trench Width: _____	
Distribution Material: _____		Type & Size of Aggregate: _____	
Depth of Aggregate: _____		Total Square Footage: _____	
<input type="checkbox"/> Drop Boxes	<input type="checkbox"/> Distribution Box if yes, Observation ports Y / N		<input type="checkbox"/> One line shut off
Disclaimer			
<i>I certify that this sewage treatment system has been installed per the specification of the approved design and in compliance with OAC 3701-29.</i>			
_____		_____	
Installer Signature		Date	

* Inspection and/or approval of the system does not guarantee the system will continue to function as designed in the future. Nor does the inspection and/or approval of the system guarantee the system will not fail.

FINAL APPROVAL DATE: _____ **Sanitarian:** _____

Remit copy to Health Department and to property owners along with manufacturer O & M instructions and compliance with any start-up procedures.

AS – BUILT DIAGRAM

(Design can be used in place of as-built drawing)