



# SEWAGE TREATMENT SYSTEM AS-BUILT

<b>Property Information:</b>		
Township: _____	Permit#: _____	
Property Address: _____	Owner: _____	
Installer: _____	Registration Verified Y / N	
<b>Building Sewer:</b> <input type="checkbox"/> 4" PVC (DWV) ASTM D 2665 equiv.		
Total Length: _____	# of cleanouts: _____	
Elevation at building: _____	Elevation at tank: _____	
<b>Primary Treatment:</b>		
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
<b>Dosing Tank/Lift Station:</b>		
Type: Precast / Plastic	Size: _____	gallons      Risers Sealed: Y / N      Inlet & Outlet Sealed Y / N      Control Panel: Y / N
Demand Dosed Y / N if yes, gallons per dose: _____	Time Dosed Y / N if yes, gallons per dose: _____	
Bedding Material: _____	Depth: _____	Backfill Material: _____
<b>Pumps:</b>		
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 Ntl. Elec. Code
<b>Distribution:</b>		
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
<b>Disclaimer:</b>		
<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>		
_____ Signature	_____ Date	

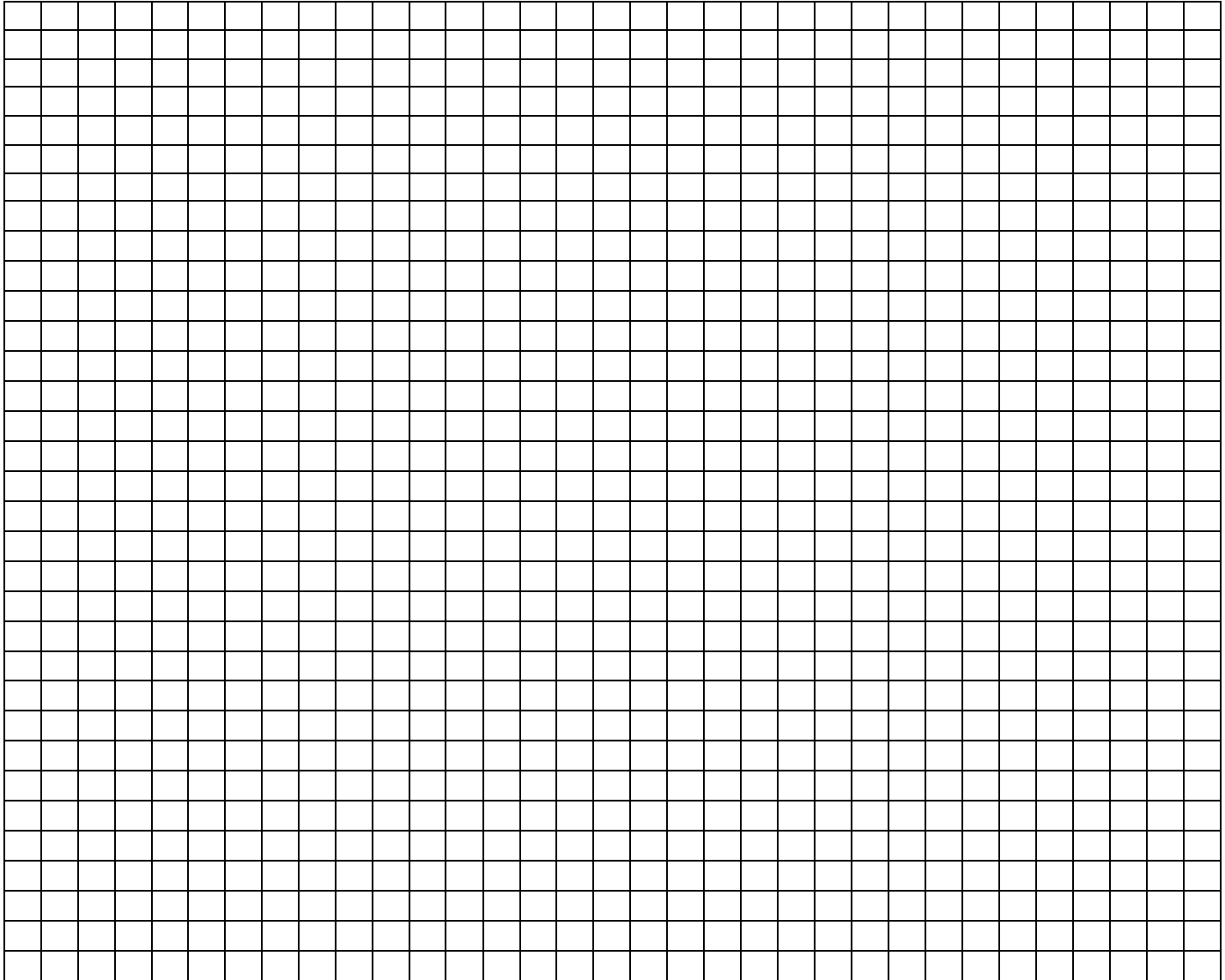
# AS – BUILT DIAGRAM

Please indicate the following in the diagram:

- Benchmark & all isolation distances
- Roads, buildings, driveways, water supply, water lines, surface water, lot lines, and all STS components
- Length of each trench & elevation of bottom of each trench from beginning to end
- If and when laser is repositioned

GPS COORDINATES	
Tank Location (Center of tank)	
1. Latitude: _____	Longitude: _____
Four Corners of the sewage absorption components	
2. Latitude: _____	Longitude: _____
3. Latitude: _____	Longitude: _____
4. Latitude: _____	Longitude: _____
5. Latitude: _____	Longitude: _____

**N**



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

\* 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.**



**Public Health**  
Prevent. Promote. Protect.  
Fairfield Department of Health  
Environmental Division

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