

SEWAGE TREATMENT SYSTEM AS-BUILT INFORMATION

Property Information

Permit #: _____

Property Address: _____ Owner: _____

Benchmark

Location: _____ Elevation: _____

Building Sewer 4" PVC (DWV) ASTM D 2665 equiv. or 4" ABS ASTM D 2661 equiv.

Total Length: _____ # of cleanouts: _____

Elevation at building: _____ Elevation at tank: _____

Primary Treatment

Tank Type: Precast / Plastic Size: _____ gallons

Tank Manufacturer: _____ (Both size & name must be stamped on top)

Pretreatment Device: _____ Serial # _____

Distributor: _____

Bedding Material: _____ Depth: _____ Backfill Material: _____

Risers: Y / N Baffles: Y / N In & Outlets Sealed: Y / N NSF Effluent Filter: Y / N

Dosing Tank/Lift Station

Type: Precast / Plastic Size: _____ gallons

Risers: Y / N In & Outlets Sealed: Y / N

Bedding Material: _____ Depth: _____ Backfill Material: _____

Pumps

Manufacturer: _____ Size: _____

 UL or CSA Listed Quick Disconnect Audible & Visual Alarms Weephole/ Checkvalve Wiring Meets Ntl. Elec. Code

Distribution

Depth of Trench Bottom: _____ Trench Width: _____

Pipe Material: _____ Type & Size of Aggregate: _____

Depth of Aggregate: _____ Total Lineal or Square Footage : _____

Other

Disclaimer

I certify that this sewage treatment system has been installed per the specification of the approved design and in compliance with OAC 3701-29. _____ (Company Name).

Signature_____
Date

Sewage Treatment System Layout / As-Built Diagram

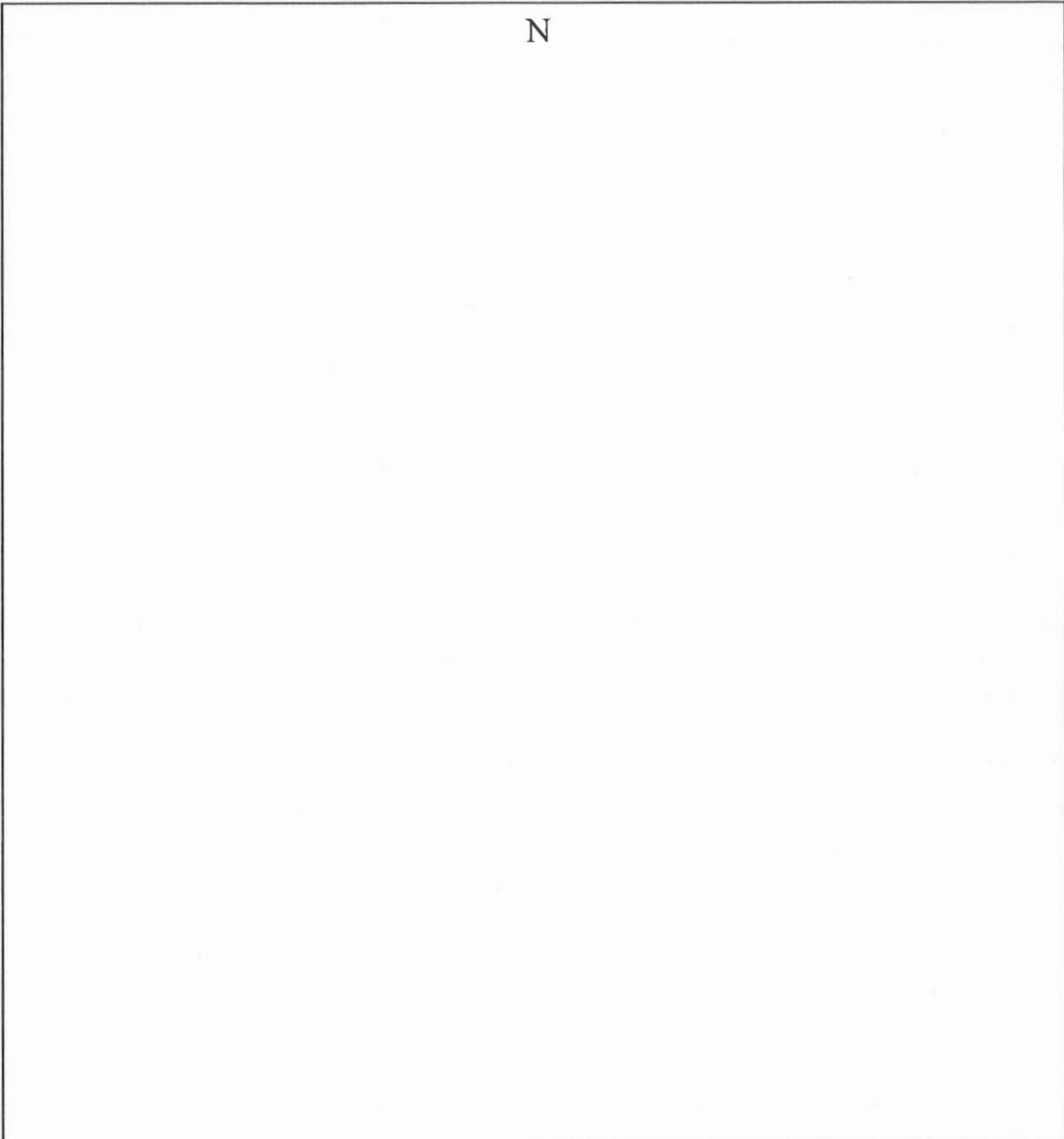
Only a copy of the STS Layout must be provided prior to permit issuance.

Please provide the following for the sewage treatment system layout drawing:

- Show roads, buildings, driveways, water supply, water lines, surface water, lot lines, and the distances of each to the STS, if applicable
- Show all STS components including length, width, and distance between each trench
- Show that there is adequate room for the replacement area for new construction.

Please provide the following for the As-Built Diagram during inspection:

- Benchmark and elevation of the bottom of each trench from the beginning to the end
- If and when the laser is repositioned



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