



Public Health
Prevent. Promote. Protect.

Tuscarawas County Health Department

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Sewage Treatment System As-Built Drawing Form

Owner: _____ Permit: _____

Property Address: _____

Installation Date: _____ Installer: _____ Registration #: _____

Number of Bedrooms: _____ (x120) _____ GPD Depth to Limiting Layer: _____

Septic/Aeration Tank Information Make/Model: _____ Gallons: _____

Tank Distributor: _____ Effluent Filter on septic tank Y/N: _____

Lift Tank Information Make/Model: _____ Gallons: _____

Leaching: _____ sq. feet; Trench Depth: _____; Trench Width: _____; Trench Length: _____

Gravelless Product Used; _____

Chamber Width (Circle Applicable); 18" 24" 36"

Gravel Leach Lines; Size: _____ Depth: _____ (draw in cross-section below)

Spray: Spray Radius: _____

Mound: Type: _____ Average Sand Fill Depth: _____

NPDES Discharge Point: _____

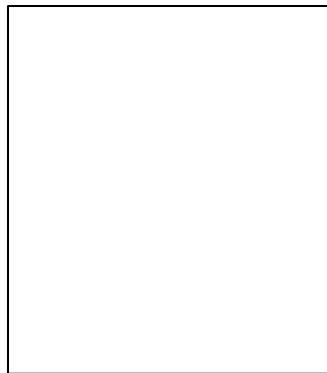
OTHER: _____

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

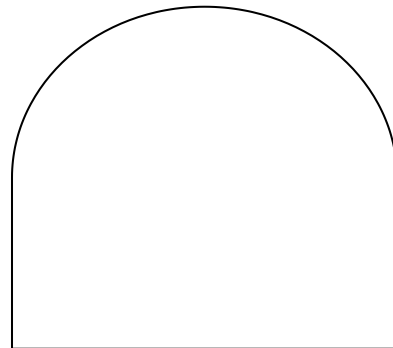
Profile (cross section) of Leaching Trench or Mound with depths:

Amount of topsoil
covering system:

Max Upslope Trench Depth:



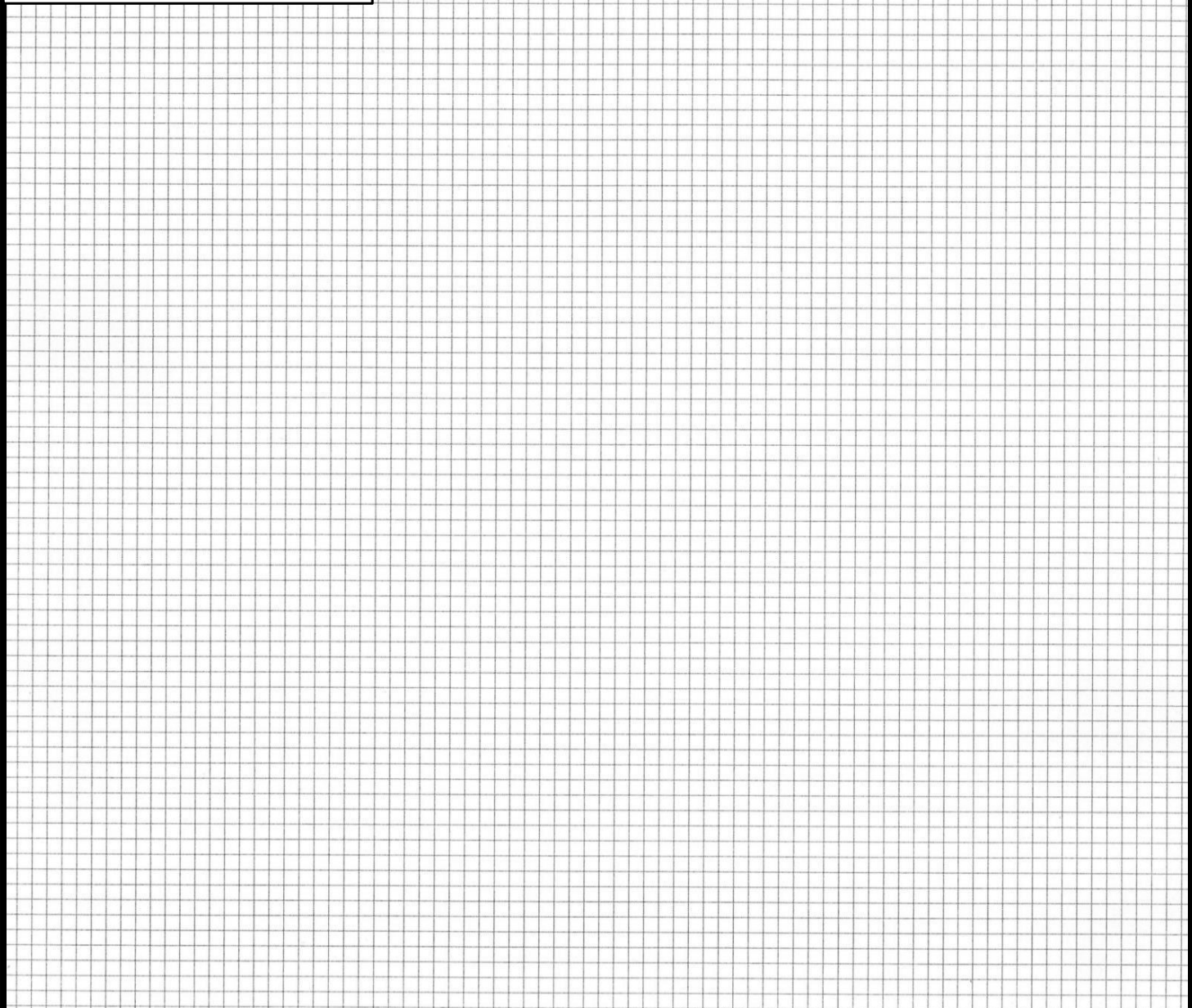
Bottom of Trench



Mound

SITE DRAWING

Scale: _____ inch = _____ feet



Items to be identified:

1. Septic, aeration, UV, 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. (if applicable)
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 (New Builds if applicable)
8. Abandoned system (Replacement if applicable)
9. Detailed Measurements/Elevations (length of building sewer, piping angles, etc.)

I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.

Authorized Representative: _____ Date: _____