



Sewage Treatment System As-Built & Start-up Form

Please fill in the information that is applicable to the type of system installed. Please note, any change from the approved design plan must be approved by DPHD prior to the installation. Failure to submit a completed as built drawing will result in the STS being disapproved. Please also submit all manufacturer and O&M paperwork.

Owner: _____ Permit#: _____

Property Address: _____ Township: _____

Installation Date: _____ Installer: _____ Reg#: _____

Number of bedrooms: _____ (x120) _____ GPD Depth to limiting layer _____

Building sewer total length: _____ ft # of cleanouts: _____

Septic/Aeration Tank Information – Tank Size (gal): _____ Precast / Plastic Effluent filter: Y / N

Tank Manufacturer/Distributor: _____

Pretreatment device make/model - Aerator: _____ UV: _____

Bedding material: _____ Depth of cover soil: _____

Pump/Lift Tank Information – Tank Size (gal): _____ Precast / Plastic

Tank Manufacturer/Distributor: _____

Bedding material: _____ Depth of cover soil: _____

Time dosed / Demand dosing Dose frequency: _____ Weep hole and/or air release valve installed: Y / N

Pump manufacturer and model: _____

Gallons/Minute: _____ Gallons/dose: _____ Drain back (gal) if applicable: _____

Tank Change Only: Float heights (inches): On: _____ Off: _____ Alarm: _____ Gallons/Inch: _____

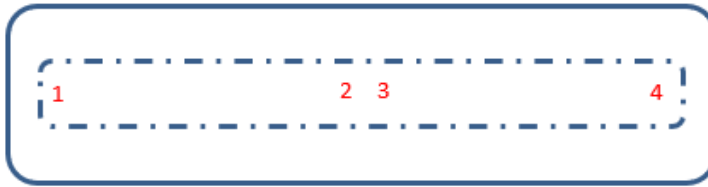
Leaching – _____ sq. ft Trench Depth: _____ Trench width: _____

Trench length: _____ Gravel Leach Lines; Size: _____

Chamber width: 18" 24" 36" Gravelless Product used: _____

Spray – Spray radius: _____ Nozzle#: _____ King Drain: Y / N
Check valve: Y / N Spray stack Manufacturer/Distributor: _____
Pressure (psi): _____

Mound – Minimum Sand Fill Depth: _____ Distribution media: _____
Lateral Head Pressures: 1. _____ 2. _____ 3. _____ 4. _____



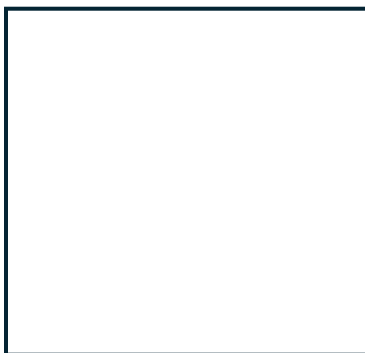
NPDES – Discharge Point: _____

Other – Manufacturer/Distributor: _____

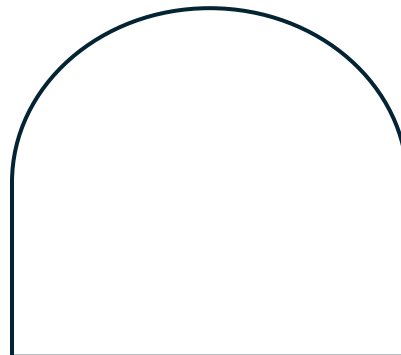
Products used: _____

Additional information – _____

Profile of Leaching Trench or Mound with depths – Amount of topsoil covering system: _____



Bottom of Trench

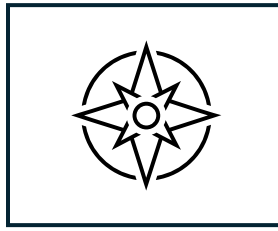


Mound

SITE DRAWING

Scale: _____ inch=_____ feet

*If not scaled, measurements needed



Site drawing attached separately

Items to be identified:

1. Septic, aeration, UV, lift tanks, & distribution device
2. Layout of leaching, mound, drip, or other treatment
3. Types of materials used, gravel, pipes, sand, straw, paper, etc.
4. Control panel & alarm location
5. Show all measurements from STS (property lines, buildings, wells, pond, streams, road ROW, driveway)
6. Benchmark location
7. Secondary area, if applicable
8. Abandoned system (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, including ORC 3718 and OAC 3701-29.

Installer signature: _____ Date: _____