



Cambridge Guernsey County Health Department  
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 www.guernseycountyhealthdepartment.org

**SEWAGE TREATMENT SYSTEM AS BUILT**

OWNER: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

INSTALLATION DATE: \_\_\_\_\_ INSTALLER: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_ (X120) \_\_\_\_\_ GPD DEPTH TO LIMITING LAYER: \_\_\_\_\_

SEPTIC TANK: \_\_\_\_\_ gallons AERATION TANK:  Jet  Norweco  HydroAction  Multi-Flo  Other: \_\_\_\_\_

Effluent Filter on Septic tank Tank Distributor: \_\_\_\_\_ Inlet/Outlet Risers:  YES  NO

Lift Pump Tank Size: \_\_\_\_\_ Tank Distributor: \_\_\_\_\_ Pump size: \_\_\_\_\_ HP: \_\_\_\_\_ GPM

Leaching: \_\_\_\_\_ sq. feet Trench Depth: \_\_\_\_\_ Trench Width: \_\_\_\_\_ Trench Length: \_\_\_\_\_

**GRAVELLESS:**

EZ Flow  18" Leach Chambers  24" Leach Chambers  36" Leach chambers  Low Profile  Other \_\_\_\_\_

Gravel : Size: \_\_\_\_\_ Depth: \_\_\_\_\_

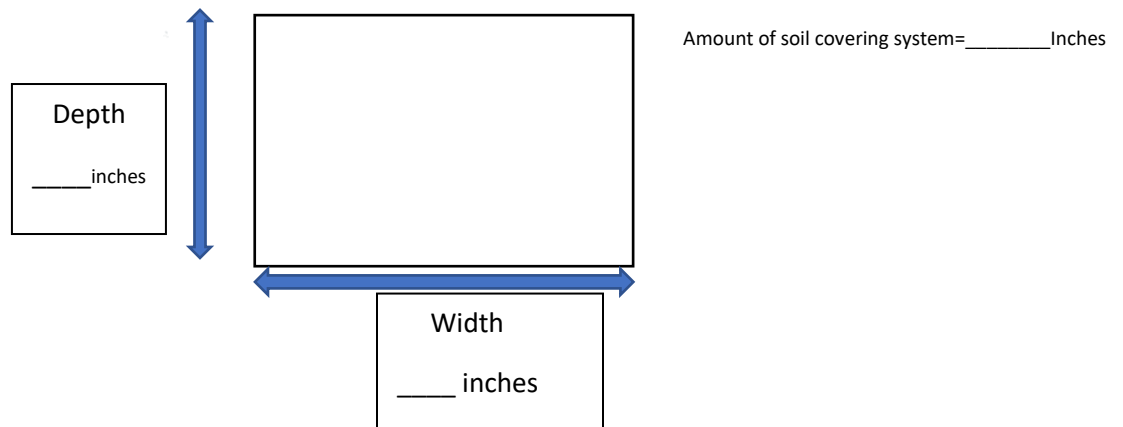
Mound: Average sand Fill Depth: \_\_\_\_\_

Drip Distribution System Manufacturer: \_\_\_\_\_

Other (Spray, NPDES, LPP): \_\_\_\_\_

**Any changes from the approved design plan must be approved by the Guernsey 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**



ADDRESS: \_\_\_\_\_

The following items must be identified on the site layout if applicable:

Test holes	Tank	Control Panel/Alarm
Piping angles	DBox	Inspection Ports
Replacement Area	Soil Absorption Layout	
Pipe Type		

Location Surface Features	
Disturbed Areas	
Existing STS	Drainage Features
Contour	Wooded Areas
Hardscapes	Other Features



\* Include  
Benchmark= \_\_\_\_\_

Elevations	Start	End
Inlet		
Outlet		
Line 1		
Line 2		
Line 3		
Line 4		
Line 5		
Line 6		
Line 7		
Line 8		

The following items must be included in the site layout and the horizontal distance must be listed in feet below (if applicable):

**10 FT. Min. from STS**

- \_\_\_\_ Service Line
- \_\_\_\_ Roadway
- \_\_\_\_ Driveway
- \_\_\_\_ Hardscape
- \_\_\_\_ Property Line
- \_\_\_\_ Right-of-Way
- \_\_\_\_ Sealed Well
- \_\_\_\_ House
- \_\_\_\_ Other Structure
- \_\_\_\_ Easement
- \_\_\_\_ Intermittent Stream
- \_\_\_\_ Swale
- \_\_\_\_ Geothermal Horizontal Closed Loop System
- \_\_\_\_ Irrigation Lines
- \_\_\_\_ GWRS

**50 Ft. Min. From STS**

- \_\_\_\_ Any Water Source
- \_\_\_\_ Vertical Open and Closed Loop Geothermal Heating and Cooling System

I certify that this sewage treatment system has been installed per the specifications of the approved design and in compliance with OAC-3701-29.

\_\_\_\_\_  
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 will not fail.