

Cambridge Guernsey County Health Department 326 Highland Ave. Cambridge, OH 43725 740-439-3577 740-432-7463 www.guernseycountyhealthdepartment.org

PROPERTY INFORMATION

SEWAGE TREATMENT SYSTEM DESIGN

OWNER:					
ADDRESS:					
TOWNSHIP:		SYSTEM TYPE: HSTS OR	SFOSTS DAILY I	DESIGN FLOW:	GPD
DESIGNER INFORMATION					
DESIGNER:			PHON	E:	
EMAIL:			DESIG	N DATE:	
SITE VISIT DATE:	ABSORPTION AF	REA PROTECTION/IDENT	TIFICATION METHOD	: STAKED FLAGGED	FENCED PAINTED
MATERIALS AND SYSTEM C	<u>OMPONENTS</u>				
TANK-TYPE: [] SEPTIC [] AER	ATION SIZE:	_ GALLONS BRAND:		DISTRIBUTOR:	
[] LIFT STATION-SIZE:	GALLONS PUMP SIZ	Œ:HP	GPM BRAND:	DISTRII	BUTOR:
DISTRIBUTION- PIPING:	DIST	RIBUTION DEVICE:		DIVERSION MECHA	NISM:
SOIL ABSORBTION TYPE AN	D MATERIALS				
[] LEACHING		[] EXISTING	G LEACHING		
LEACHING TRENCH PRODUC	CT: GRAVELLESS-TYPE		OR GRAVEL SIZ	ZE: DE	EPTH:
TRENCHES: #	LENGTH:	WIDTH:		MAXIMUM DEPTH:	

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CAMBRIDGE GUERNSEY COUNTY HEALTH DEPARTMENT

[] MOUND []] ATL MOUND	[] OTHER	
ABSORPTION AREA: WIDTH	LENGTH:	AGGREGATE DEPTH:	SAND FILL DEPTH:
SLOPE: SIDE SLOPE RATIO WIDTH-UPSLOPE		DOWNSLOPE	ENDSLOPE
MOUND DETAIL:			
[] OTHER:			
<u>DRAINAGE</u>			
[] PERIMETER DRAIN-DEPTH:	GRAVEL S	IZE: GRA	AVEL DEPTH:
[] INTERCEPTOR DRAIN-DEPTH: _	GRAVEL S	IZE: GRA	AVEL DEPTH :
[] ENGINEERED DRAINAGE-SOIL T	YPE :	DRAIN DEPTH:	DRAIN SPACING
LOWERED WATER TABLE:	GRAVEL SIZ	E: GR	AVEL DEPTH:
DISCHARGE POINT:			
REMEMBER – IF THIS I	S A REPLACEMENT SYSTEM	M AN ABANDONMENT FORM I	MUST BE SUBMITTED
INSTALLATION NOTES			
			-
Date Reviewed by CGCHD		Reviewer	



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Public Health	740-432-7463
Prevent. Promote. Protect. Cambridge-Guernsey County	www.guernseycountyhealthdepartment.org
ADDRESS.	

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

<u>Location Surface Features</u> 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		

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

10 FT. Min. from STS
Utility Service Line
Roadway
Driveway
Hardscape
Property Line
Right-of-Way
Sealed Well
Any Building
Other Structure
Recorded Easement
Intermittent Stream
Swale
Geothermal
Horizontal Closed Loop
System
Irrigation Lines
GWRS
50 FT. Min. from Absorption
Surface Water
Lake
River

_____ Stream Cut-Bank 50 Ft. Min. From STS

Wetland Perennial Stream Road Cut-Bank

Any Water Source _____ Vertical Open and Closed Loop Geothermal Heating and Cooling System

I certify that this sewage treatment system has been installed a	nd designed 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. Only workmanship is considered at time of final inspection.