



Environmental Health Division

110 Island Road, Suite C
Circleville, OH 43113
740-477-9667 Ext 225, www.pchd.org

Permit Number:

**As-built Drawing Install of a
Household Sewage
Treatment System**

Site information

email to contact@pchd.org

Property Owner:		Permit #:	Date installed:
Site Address:	City:	Township	
Installer Name:		(signature):	

By signing above, you verify that these drawings and information are true and accurate as to how the system was installed. Complete the drawing of the system how it was installed. Include reference points such as distances from home / property lines / road and distance from water source. Include the location of the benchmark and elevation used during installing. This form must be completed before final inspection of system and provided to health department during final inspection.

Installation details:

Tank Manufacturer: _____

Tank Size: _____

Bld. Sewer Pipe used _____

Header Pipe used _____

Distribution box / # drop boxes: _____

Mechanical Components (include make and model #s):

Depth of infiltrative surface: _____

Soil Absorption component Used and length / # of lines

List of any other components / other information:

As-Built reviewed by (RS or SIT):	Date:	Acceptable: <input type="checkbox"/> YES <input type="checkbox"/> NO
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THE PICKAWAY COUNTY HEALTH DEPARTMENT ASSUMES NO RESPONSIBILITY FOR SEWAGE SYSTEMS THAT FAIL AFTER INSTALLATION

This evaluation is not a guarantee and applies only to those conditions at the time of the inspection. Our examination is limited to our resources, documents submitted, and to those items that can be observed under the prevailing weather and surface conditions on that date of the inspection and not by factors that cannot be observed upon inspection