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

Please complete, sign and submit to Wayne County Health Department with accurate drawing and measurements including benchmarks.

**BLDG. SEWER PIPE**

Size\_\_\_\_\_\_\_\_\_\_\_\_ Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Footage\_\_\_\_\_\_\_\_\_\_\_

**SEPTIC TANKS/NPDES/SPRAY DISTRIBUTION**

Number\_\_\_ Size\_\_\_\_\_\_ Manufacturer\_\_\_\_\_\_\_\_\_\_\_\_ Model #\_\_\_\_\_\_\_\_

**DOSE/PUMP TANKS**

Number\_\_\_ Size\_\_\_\_\_\_ Manufacturer\_\_\_\_\_\_\_\_\_\_\_\_ Model #\_\_\_\_\_\_\_\_

**PIPE**

LEACH FIELD: Size\_\_\_\_\_\_\_\_\_\_ Type\_\_\_\_\_\_\_\_\_\_\_\_ Footage\_\_\_\_\_\_\_\_\_\_

CURTAIN DRAIN: Size\_\_\_\_\_\_\_\_\_\_\_ Type\_\_\_\_\_\_\_\_\_\_ Footage\_\_\_\_\_\_\_\_

**HOMEOWNER EDUCATION/INSTRUCTION** Yes\_\_\_\_\_ No\_\_\_\_\_

**CIRCLE TYPE: MANUAL O/M MAINTENANCE OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby certify that the above described materials were installed for the wastewater treatment system located at the above address and that the system was installed in accordance with current Ohio Department of Health standards and regulations for Sewage Treatment Systems.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Installer’s Signature**

REV 5/19