

Sewage Treatment System As-Built Details

Property Information:

Address: _____ Parcel ID: _____

Benchmark:

Location: _____ Elevation: _____

Building Sewer:

Total Length: _____ Number of Cleanouts: _____
Elevation at Building: _____
Elevation at Tank: _____
% Slope of Building Sewer: _____

- Schedule 40/SDR 21 or greater
Minimum 4" PVC ASTM D1785, D2729, D2665
Minimum 4" ABS ASTM D2661

Primary Treatment:

Tank(s) Type: Precast / Fiberglass Size(s): _____ gallons
Tank Manufacturer: _____
Pretreatment Device: _____ Serial Number: _____
Distributor: _____
Bedding Material: _____ Depth: _____ Backfill Material: _____
Risers: Y / N Inlets and Outlets Sealed: Y / N Baffles: Y / N NSF Effluent Filter: Y / N

Dosing Tank / Lift Station:

Type: Precast / Plastic Size: _____ gallons
Bedding Material: _____ Depth: _____ Backfill Material: _____
Risers: Y / N Inlets and Outlets Sealed: Y / N

Pumps:

Manufacturer: _____ Size: _____
UL or CSA Listed Quick Disconnect Audible & Visual Alarms Weephole / Checkvalve Wiring meets Applicable Electrical Codes

Soil Absorption Components (SAC) :

Number of SAC: _____ Depth of SAC: _____ SAC Width(s): _____
Total Square Footage: _____ SAC Construction Materials: _____
Type & Size of Aggregate: _____ Depth of Aggregate: _____
SAC Elevations at 50' intervals: _____

System Pressure: _____ Zone Valve: _____

Disclaimer:

As a representative of the company that installed this sewage treatment system, I certify that it was installed in accordance with all applicable rules and specifications. In addition, the installer has verified that all grey water is properly routed to the STS or GWRS.

Company Representative Name

Company Name

Company Representative Signature

Date