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 TRAINING 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