

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.

Installer's Signature **Date** _____