



As Built Form

Rev: 12/5/2025

Address: _____ Township: _____ Permit Number: _____

System Type: _____ Chambers: Y / N Septic Tank Manf: _____ Tank Capacity: _____

Dosing Tank: Y / N Tank Capacity: _____ Pump Model: _____ # Trenches: _____ Trench Width: _____ Trench Depth: _____

Mound Length: _____ Mound Width: _____ Orifice Spacing: _____ Orifice Diameter: _____ Install Date: _____

Indicate the Following on the Design:

- North Arrow
- Property lines/Structures/Utilities
- Benchmark
- All system components
- Distances/Isolation Distances
- Elevations

NOTES:	DRAWING:
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STS was installed in accordance with OAC 3701-29 Signature: _____ Date: _____ Company: _____