

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:

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