



Public Health
Prevent Promote Protect

MAHONING COUNTY PUBLIC HEALTH
HOUSEHOLD SEWAGE TREATMENT SYSTEM
INSTALLER DRAWING FORM

All distances and required information is listed below and must be completed for approval, if applicable. The minimum distance requirements are indicated in ().

- _____ Number of tanks
 - Tank size 1st _____ 2nd _____ 3rd _____
 - Tank manufacturer _____
 - Pump manufacturer/model _____
 - Aeration manufacturer/model _____
 - Soil absorption component (i.e. pipe and stone, chambers, drip manufacturer/model ...etc.) _____
- _____ ft Length along contour
- _____ in Depth of installation (into in situ soil)
- _____ Bench mark marked on drawing
- _____ Area(s) utilized, test hole(s) (indicated on drawing test hole locations)
- _____ in Inches of topsoil for cover (if applicable)
- _____ in Inches of topsoil added
- _____ ft House, buildings, other structures (10 ft minimum)
- _____ ft Property lines (10 ft minimum)
- _____ ft Existing private water system, lakes & ponds (50 ft minimum)
- _____ ft Road right of ways and road utility easement (10 ft minimum)
- _____ ft Intermittent streams and swales (10 ft minimum)
- _____ ft Geothermal horizontal closed loop systems, irrigation lines, and GWRS (50 ft minimum)
- _____ ft Surface water impoundment, lake, river, wetland, perennial stream, and road cut-banks or stream cut banks (50 ft minimum)
- _____ ft Sewers and wastewater drains outside foundation (10 ft minimum)

ACKNOWLEDGMENT:

I warrant that the household sewage treatment system will be installed in accordance with Ohio Administrative Code (OAC) 3701-29 and all applicable rules, design and/or engineered specifications and that an as-built record will be prepared and submitted for this system.

INSTALLER SIGNATURE

Print Name

Phone Number

Signature

Date

Registration #