

CUYAHOGA COUNTY
BOARD OF HEALTH

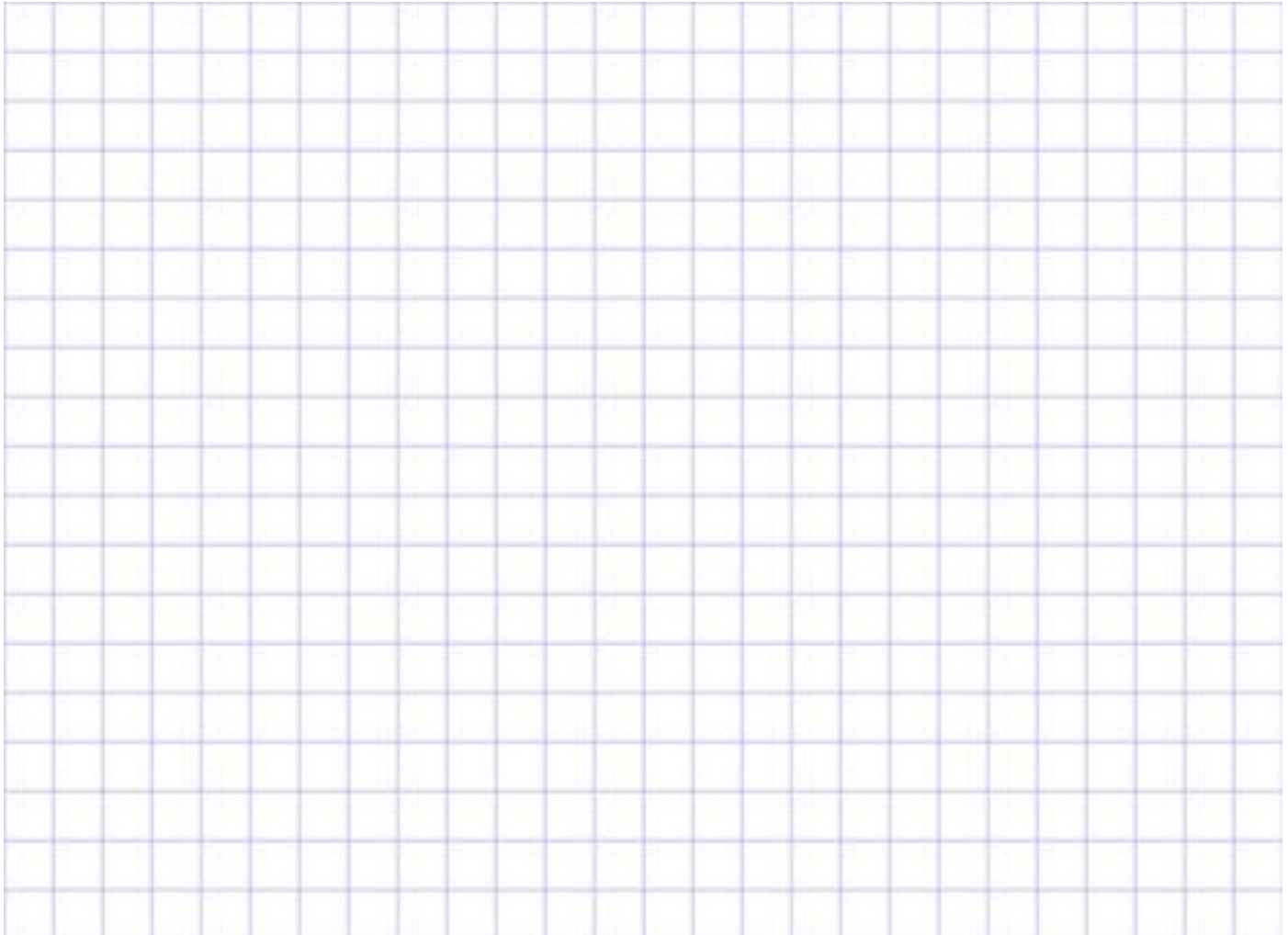
Sewage Treatment System AS-BUILT Drawing

Homeowner Name: _____

Address: _____

Contractor: _____

*Provide drawing in the space below or attach:



Drawing should include at a minimum:

- North-seeking arrow
- Applicable horizontal separation distances
- Designated vertical reference point or benchmark
- Installed STS components, per the STS design, including identification of specific products
- Any additional required information

“All interior plumbing has been connected properly”

“This Sewage Treatment System has been installed in accordance with the requirements set forth in OAC 3701-29”

Contractor Signature

Date