





MAHONING COUNTY DISTRICT BOARD OF 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 _____
_____	Tank manufacturer _____
_____	Length along contour
_____	Depth of installation
_____	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)
_____	ft House, buildings, other structures (10ft)
_____	ft Property lines (10ft)
_____	ft Existing private water system (50ft) lakes & ponds
_____	ft Road right of ways and road utility easement (10ft)
_____	ft Intermittent streams and swales (10ft)
_____	ft Geothermal horizontal closed loop systems, irrigation lines, and GWRS (50ft)
_____	ft Surface water impoundment, lake, river, wetland, perennial stream, and road cut-banks or stream cut banks (50ft)
_____	ft Sewers and wastewater drains outside foundation(10ft)
_____	Pump manufacturer/model
_____	Aeration manufacturer/model
_____	Soil absorption component (i.e. pipe and stone, chambers, drip ...etc.)

**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 #