Any change from the approved design plan must be approved by the Licking County Health Department prior to the installation. Failure to submit a completed as-built drawing will result in the STS being disapproved.
Sites Drawing

Scale: _______ inch = _______ feet

Items to be identified:

1. Septic, aeration, lift tanks, & distribution device.
2. Layout of leaching, mound, drip irrigation, or other treatment
3. Types of materials used, gravel, pipes, sand, straw, paper, etc....
4. Control panel & alarm location

5. Show all measurements from Sewage Treatment System.
   A. Property Lines
   B. Buildings
   C. Water Wells
   D. Pond, stream, etc...
   E. Road right of way
   F. Driveway

6. Benchmark location
7. Secondary area
8. Abandoned system
9. Detailed measurements

I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.

Authorized Representative: ____________________________ Date: __________________________