Sewage Treatment System As-Built Drawing

Note: Site Plan must include contour lines (2 ft. minimum) and all applicable elevations.

Scale: (1" = 50' minimum)

Note: See page 2 for additional required installation details.

<table>
<thead>
<tr>
<th>Installer Name:</th>
<th>SCPH Approval / Disapproval</th>
</tr>
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<tbody>
<tr>
<td>Installer Signature:</td>
<td></td>
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<tr>
<td>Date Submitted:</td>
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<tr>
<td>Reviewing Sanitarian:</td>
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</tbody>
</table>
## Sewage Treatment System As-Built Details

### Property Information:
- Address: __________________________________________________________
- Parcel ID: ________________________________________________________

### Benchmark:
- Location: _________________________________________________________
- Elevation: ________________________________________________________

### Building Sewer:
- Total Length: _____________________________ Number of Cleanouts: __________
- Elevation at Building: _____________________________
- Elevation at Tank: _____________________________
- % Slope of Building Sewer: ______________________
  - Schedule 40/SDR 21 or greater
  - Minimum 4” PVC ASTM D1785, D2729, D2665
  - Minimum 4” ABS ASTM D2661

### Primary Treatment:
- Tank(s) Type: Precast / Fiberglass
- Size(s): ___________________ gallons
- Tank Manufacturer: ____________________________________________________________________________________
- Pretreatment Device: _________________________________________ Serial Number: _____________________________
- Distributor: ___________________________________________________________________________________________
- Bedding Material: _________________________ Depth: ____________
- Backfill Material: ___________________________
- Risers:  Y / N  Inlets and Outlets Sealed:  Y / N  Baffles:  Y / N  NSF Effluent Filter:  Y / N
  - Minimum 4” PVC ASTM D1785, D2729, D2665
  - Minimum 4” ABS ASTM D2661

### Dosing Tank / Lift Station:
- Type:    Precast / Plastic
- Size: _____________________ gallons
- Bedding Material: _________________________ Depth: ____________
- Backfill Material: ___________________________
- Risers:  Y / N  Inlets and Outlets Sealed:  Y / N

### Pumps:
- Manufacturer: ______________________________________________ Size: _____________________________________
- UL or CSA Listed
- Quick Disconnect
- Audible & Visual Alarms
- Weephole / Checkvalve
- Wiring meets Applicable Electrical Codes

### Soil Absorption Components (SAC):
- Number of SAC: ____________________  Depth of SAC: ____________________  SAC Width(s): _______________
- Total Square Footage: _______________  SAC Construction Materials: ________________________________
- Type & Size of Aggregate: ___________________________ Depth of Aggregate: _______________
- SAC Elevations at 50’ intervals: ________________________________________________________________

### System Pressure: __________________________________________ Zone Valve: ___________________________________________

### Disclaimer:
As a representative of the company that installed this sewage treatment system, I certify that it was installed in accordance with all applicable rules and specifications. In addition, the installer has verified that all grey water is properly routed to the STS or GWRS.

_____________________________________________  _____________________________________________
Company Representative Name     Company Name
_____________________________________________  ______________________
Company Representative Signature    Date