



Summit County Public Health

STS DP

1867 West Market Street ♦ Akron, Ohio 44313-6901
Phone: (330) 926-5600 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-6436
www.scphoh.org

Sewage Treatment System (STS) Design Plan Checklist:

Property Address: _____ Parcel #: _____

Note: The site plan shall be prepared by a qualified person who is capable of accurately, thoroughly, and legibly completing the following information.

- 1. Label plan with address and parcel ID
- 2. Draw plan to scale; a scale of 1" = 50' or less is required
- 3. Show North arrow
- 4. Draw the shape of the lot and provide lot dimensions
- 5. Draw contour lines in two foot or appropriately identified increments using GIS or assigned during site evaluation
- 6. Show the house and all other permanent structures, (garages, pole barns, etc.)
- 7. Include a description of the house (how many bedrooms) and minimum daily design flow
- 8. Identify all wells, cisterns, and/or drinking water sources
- 9. Show required isolation distances within 50 feet of all STS components
- 10. If applicable, show the location of any buried utilities or easements
- 11. If applicable, show the location of all STS components to be abandoned
- 12. If applicable, show the location of existing drainage (tile, creek, road ditch, etc.) and direction of flow
- 13. Show the location of all ponds, wetlands, and riparian zones
- 14. Show the location and dimensions (length, width, and height, if applicable) of the STS area
- 15. Identify all system devices and materials, including tanks, dosing tanks, distribution piping, diversion mechanisms, and distribution materials
- 16. Identify benchmark location and elevations of all pipe inverts and septic components.
- 17. Show the approximate locations of test holes or soil borings (Not required for NPDES)
- 18. Provide all applicable calculations used to determine STS size and type
- 19. If applicable, provide pump sizing and selection
- 20. If applicable, provide pressure distribution network calculations
- 21. If applicable, Identify and label the discharge point on the plan. (ex. Discharge to covered road ditch)
- 22. If applicable, identify the approved system manufacturer and model to be used
- 23. Provide the construction and installation notes for the system installer including manufacturer installation instructions, if applicable
- 24. Include a statement that owner will be provided copies or electronic access to O&M requirements, manuals, and instructions for service provider
- 25. Include a signature of the person preparing the plan and the date it was prepared

Comments:

Design Plan Reviewed by: _____ Date Reviewed: _____

Approved Disapproved