

## Summit County Public Health

## **Sewage Treatment System (STS) As Built Checklist:**

Property Address:	Parcel #:
1. Labeled with address and parcel ID	
2. Drawn to scale, using a scale of 1" =	50' or less
3. North arrow is shown	
4. The shape of the lot is drawn and the	ne lot dimensions are provided
	or appropriately identified increments using GIS or as assigned during
6. The house and all other permanent	structures, (garages, pole barns, etc.) are shown
7. A description of the house (how ma	ny bedrooms) and the minimum daily design flow is provided
8. All wells, cisterns, and/or drinking w	vater sources are identified
9. All required isolation distances with	in 50 feet of all STS components are shown
10. Location of any buried utilities or ea	sements within 50' are shown, if applicable
11. Location of all STS components to b	e abandoned are shown, if applicable
12. Location of existing drainage (tile, c	reek, road ditch, etc.) and direction of flow is shown, if applicable
13. Location of all ponds, wetlands, and	riparian zones are shown
14. Location and dimensions (length, w	idth, and height, if applicable) of the STS area are shown
15. System devices and materials, inclu distribution materials are identified	ding tanks, dosing tanks, distribution piping, diversion mechanisms, and
16. Benchmark location and elevations	of all pipe inverts and septic components are identified
17. Approximate locations of test holes	or soil borings are shown (not required for NPDES)
18. If deviated from design plan, all app	licable calculations used to determine STS size and type are provided
19. Pump sizing and selection are providence.	ded, if applicable
20. Pressure distribution network calcu	ations are provided, if applicable
21. Discharge point is identified and lab	eled (ex. discharge to covered road ditch), if applicable
22. Approved system manufacturer and	model used is identified, if applicable
23. The construction and installation no	tes are provided if system varied from design plan
24. A statement is included that owner manuals, and instructions for servic	will be provided copies or electronic access to O&M requirements, e provider
25. A signature of the person preparing	the plan and the date it was prepared is provided
<u>Comments</u> :	
As-Built Reviewed by:	Date Reviewed:

Approved Disapproved

Revised April 2023