## Darke County General Health District

C. L. Holman, DVM, RS, Health Commissioner



## Contributing to a Stronger Healthier Community

THIS SHEET MUST BE LEI	FT AT SIT	TE OR SUBMITTED TO THIS DEPA	ARTMENT BEFORE INSPECTION	
Property Owner:		Date of drawing:		
Property Address:		- TOTAL STANKEN		
Location of system: rear	front	side Manufacturer of septic tank	::Septic tank size:	
Effluent filter (Y or N):		Manufacturer of effluent fi	lter:	
Lift station size: Man		ufacturer of pump:	Baseline pressure (in):	
Type of system:			(leach, mound, aeration, etc.)	
Distance from dwelling to	tank:	Distance from	well to tank:	
Distance from tank to split	ter:	Distance from s	splitter to D-box: and	
Treatment Capacity (GPD)	:	Lineal footage:	Graveless (Y or N)?	
Type of gravel used:	sed: Manufacturer of gravel:			
Type of sand used:		Manufacturer	of sand:	
Curtain drain (Y OR N)? _		Inspection Port: (Y or N)?		
Curtain drain goes to:	(tile, creek) Distance from inspection port to that point:			
Ianufacturer of aeration system:		Manufacture Manufacture	Manufacturer of up-flow filter:	
NPDES system (Y or N)?		Type of disinfection:	(UV light, chlorination)	
Date of Installation:		Weather conditions at time of	installation:	
Workers present:				
I certify that the sewage tre specifications.	atment sy	vstem has been installed in accorda	ance with all applicable rules and design	
(Si	(Signature of installer)		(Date)	
		on a separate 8.5" x 11" sheet the i e Treatment Rules (a drawing or a	nformation outlined in Section 9.1 (C) of s built of the system).	
Diagram: Ma	y use any	scale. Scale	:	

300 Garst Avenue, Greenville, QH 45331 • 937-548-4196 Fax 937-548-9654