



Darke County General Health District
300 Garst Ave.
Greenville, OH 45331

Monday through Friday
Hours: 8:00 a.m. – 4:00 p.m.
Phone: (937) 548-4196
Fax: (937) 548-9654

***This sheet must be left at site or submitted to this department before inspection**

PROPERTY ADDRESS: _____ TOWNSHIP: _____

OWNER(S) NAME: _____ DATE OF DRAWING: _____

OWNER(S) ADDRESS: _____ PHONE: _____

INSTALLER(S) / COMPANY NAME: _____

LOCATION OF SYSTEM (*circle one*): *Front Rear Side* Type of Septic System _____

Manufacturer of Septic Tank: _____ Septic Tank Size: _____

Effluent Filter (*circle one*): *Yes No* Manufacturer of Effluent Filter: _____

Lift Station Size: _____ Manufacturer of Pump: _____

Baseline Pressure (*inches*) _____ Distance from Dwelling to Tank: _____

Distance from Well to Tank: _____ Distance from Tank to Splitter: _____

Distance from Splitter to D-Box: _____ Treatment Capacity (*GPD*): _____

Lineal Footage: _____ Gravel-less (*circle one*) *Yes No*

Type of Gravel Used: _____ Manufacturer of Gravel: _____

Type of Sand Used: _____ Manufacturer of Sand: _____

Curtain Drain (*circle one*) *Yes No* Inspection Port (*circle one*) *Yes No*

Curtain Drain goes to: _____ (*tile, creek*) Distance from inspection port to that point: _____

Manufacturer of NPDES/Pretreatment: _____ Model of NPDES/Pretreatment: _____

National Pollutant Discharge Elimination Systems (NPDES) (*circle one*): *Yes No*

Type of Disinfection: _____ (*UV light, chlorination*) Date of Installation: _____

Weather conditions at time of installation: _____

Workers Present: _____

Changes from System Design: _____

COMMENTS: _____

I certify that the sewage treatment system has been installed in accordance with all applicable rules and design specifications.

(Signature of installer)

(Date)

Include on the back of this sheet or on a separate 8.5" x 11" sheet the information outlined in Section 9.1 (C) of the Darke County Household Sewage Treatment Rules (a drawing or as built of the system).

Diagram:

May use any scale.

Scale: _____

Design Requirements

- _____ North Arrow
- _____ Soil Test Holes
- _____ Soil Test Area
- _____ Septic Replacement Area
- _____ All Nearby Buildings
- _____ All wells
- _____ Stream/Ditch/Pond
- _____ Other structures/geothermal/
propane
- _____ Outlet Tile
- _____ Cleanout
- _____ Property Lines
- _____ Benchmark (must be clearly
marked at site)
- _____ Leach Line Elevations
- _____
- _____
- _____
- _____ Tank/Lift Station Elevation
- _____ Distribution Box Elevation
- _____ Curtain Drain and Inspection Port
(**easements are required on new
septic systems**)

Designer Phone #: _____
Additional Comments: _____

***Do NOT submit design until the site is flagged and ready to be inspected**
Property Owner: _____ Scale (if known): _____

Site Address: _____
