



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: \_\_\_\_\_