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**“Working towards a healthy and safe Putnam County”**

**As-Built**

Property Owner \_\_\_\_\_

Property Address \_\_\_\_\_

Installer \_\_\_\_\_ Permit \_\_\_\_\_

Ohio Administrative Code 3701-29-09(F) states *a drawing(s) of the completed system installation shall be provided by the registered installer for a completed STS installation or alteration.* The drawing(s) must be on an 8.5” by 11” or larger sheet of paper. A copy must be provided to the owner and the board of health.

**The drawing(s) shall include the following items:**

1. Any changes to the approved STS design including, but not limited to, distances from installed STS components to any items having applicable horizontal isolation distances. A change in location of a STS from that designated on the STS design shall not be made without prior approval by the board of health and shall not violate horizontal isolation distances.
  - a. Were any changes made after the permit was issued? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Where the changes approved by the designer and PCHD? Yes \_\_\_\_\_ No \_\_\_\_\_
2. A designated vertical reference point or benchmark with its location marked at the site.
  - a. Benchmark location \_\_\_\_\_
3. Plan view drawing for installed STS components per the STS design, including identification of specific products that were installed as part of the STS.
  - a. Drawing must be included with this form.  
The drawing must include:
    - i. location of products used (Tank, pump station, etc.).
    - ii. Isolation distances.
4. Any additional information for components and materials may be required by the board of health including but not limited to manufacturer or supplier provision of component installation or O&M instructions and verification of compliance with any start-up procedures or aggregate specifications. Such as but not limited to; service contracts, user manuals or operational and maintenance information.
  - a. What information was provided to the homeowner?  
\_\_\_\_\_
  - b. Is a service contract needed? Yes \_\_\_\_\_ No \_\_\_\_\_
    - i. Is it included with this form? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Is a start up procedure needed for this system? Yes \_\_\_\_\_ No \_\_\_\_\_
    - i. Is it included with this form? Yes \_\_\_\_\_ No \_\_\_\_\_

By signing this form you are stating that you as the installer have installed the Sewage Treatment System at the above property to the specifications of the design that is on file and approved by the Putnam County Health Department. Any changes that were made to the design were made by the designer and approved by the Putnam County Health Department prior to installation. I am aware that if the system was not installed to the specifications in the design, approval of the system may not be given by the Putnam County Health Department and the Sewage Treatment System cannot be used.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Revised 8/2023