



256 Williamstown Road
Ottawa, OH 45875
Phone: 419-523-5608
Fax: 567-538-5076

Email: pchd@putnamhealth.com
Website: www.putnamhealth.com

“Working towards a healthy and safe Putnam County”

Installer Layout Plan

Property Owner _____

Property Address _____

Installer _____

*****All information below must be included with this form or the Sewage Treatment System permit will not be issued*****

1. A drawing showing the layout of the proposed sewage treatment system must accompany this form. The outlet must be shown on the drawing and also the connection of the outlet tile, such as a road tile or field tile. The drawing must include the following information and must be labeled and **provide distances** from the sewage treatment system. **Distances may be listed below and/or on the accompanied drawing.**

a. Any structures on the property _____	f. Other hardscapes _____
b. Well and/or water source _____	g. Property lines _____
c. Driveway _____	h. Geothermal _____
d. Utility service lines _____	i. Rivers/streams/any other bodies of water _____
e. Roadways _____	j. Any other necessary distances _____

2. Please provide the following information. If not applicable please note with N/A.

Manufacturer

Model

- | | | |
|---------------------|-------|-------|
| a. Tank | _____ | _____ |
| b. Pump Station | _____ | _____ |
| c. Distribution box | _____ | _____ |
| d. Effluent Filter | _____ | _____ |
| e. Pump | _____ | _____ |
| f. Control Panel | _____ | _____ |
| g. _____ | _____ | _____ |

3. Are there any changes to the design? Yes No
If yes, were they previously approved by the designer and PCHD? Yes No
List the changes _____

4. Outlet location (Ex. Catch basin, road tile, open ditch) _____
a. Outlet connection location on property or off property? _____

By signing this form you are agreeing to install the Sewage Treatment System designed for the site on this property to the specifications of the design that is on file and approved by the Putnam County Health Department. If there are any questions about the design, they must be addressed with the designer and any changes must be submitted to the Putnam County Health Department for approval **prior to installation**. If installation is not done 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 may **not** be used.

Installer Signature

Date