



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

Email: [pchd@putnamhealth.com](mailto:pchd@putnamhealth.com)  
Website: [www.putnamhealth.com](http://www.putnamhealth.com)

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

**Installer Layout Plan**

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

Installer \_\_\_\_\_

- 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.**
  - Any structures on the property \_\_\_\_\_
  - Well and/or water source \_\_\_\_\_
  - Driveway \_\_\_\_\_
  - Utility Service Lines \_\_\_\_\_
  - Roadways \_\_\_\_\_
  - Property Lines \_\_\_\_\_
  - Geothermal \_\_\_\_\_
  - Rivers/streams/other bodies of water \_\_\_\_\_
  - Hardscapes or other required isolation distances \_\_\_\_\_

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

	Manufacturer/Model		Manufacturer/Model
Tank	_____	Effluent Filter	_____
Pump Tank	_____	Pump	_____
Distribution box	_____	Control Panel	_____
Other	_____	Other	_____

- 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 \_\_\_\_\_

- Outlet location (Ex. Catch basin, road tile, open ditch) \_\_\_\_\_ Outlet connection location on property or off property? On \_\_\_ Off \_\_\_

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 \_\_\_\_\_

**As-Built**

- A change in STS components from what is listed above, or a change in the location of a STS component from the design location shall not be made without prior approval by the board of health and shall not violate horizontal isolation distances.

Was the location changed or any of the STS components listed above changed after the permit was issued? Yes \_\_\_ No \_\_\_

Were the changes approved by the designer and PCHD? Yes \_\_\_ No \_\_\_ List changes: \_\_\_\_\_

- What is the Benchmark location \_\_\_\_\_
- A drawing for installed STS components per the STS design, including identification of specific products that were installed as part of the STS, must be included with this form and must include location of components used (tank, d-box etc) and isolation distances.
- 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, O&M instructions, verification of compliance with any start-up procedures or aggregate specifications, service contracts, user manuals or operational and maintenance information.
  - Did you provide O&M information to homeowner? Yes \_\_\_ No \_\_\_
  - Is a start up procedure needed and included for this system? 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 and OAC 3701-29. 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.

Installer Signature \_\_\_\_\_ Date \_\_\_\_\_