



ASHLAND HEALTH DEPARTMENT

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Equal Opportunity Employer / Provider

SEWAGE INSTALLATION COMPLETION FORM

Complete appropriate sections and submit to Ashland Health Department prior to installation inspection.

PROPERTY OWNER _____ TOWNSHIP _____

Septic/Aeration Tank(s)

Number _____ Size _____ Manufacturer _____

Bldg. Sewer Pipe (house to septic/aeration tank)

Type _____ Size _____ Footage _____

Leaching Tile Field Pipe

Type _____ Size _____ Footage _____

Perimeter Drain Pipe

Type _____ Size _____ Footage _____

Leaching Tile Field Aggregate

Tonnage _____ Size _____ Supplier _____

Pressure Mound Aggregate

Gravel-Tonnage _____ Size _____ Supplier _____

Sand-Tonnage _____ Size _____ Supplier _____

Perimeter Drain Aggregate

Tonnage _____ Size _____ Supplier _____

Grade (amount of fall):

Leaching Tile Field Header (as field is viewed from distribution box)

(left side) _____ (right side) _____

Leaching Tile Field Trenches (not to exceed 3" / 50')

Approximate Price \$ _____

Business Name

Installer's Signature

Date