



ASHLAND COUNTY HEALTH DEPARTMENT

SEWAGE INSTALLATION COMPLETION FORM

*All appropriate sections must be completed in full and submitted to the Ashland County Health Department prior to installation inspection. *

PROPERTY OWNER: _____ TOWNSHIP: _____

SEPTIC/AERATION TANK(S)

NUMBER: _____ SIZE: _____ MANUFACTURER: _____

PUMP TANK SIZE: _____ MANUFACTURER: _____

BLDG. SEWER PIPE (house to septic/aeration tank)

TYPE: _____ SIZE: _____ FOOTAGE: _____

PUMP LINE (PIPE) 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: _____

SPRAY IRRIGATION

SPRAY RADIUS: _____ NUMBER OF SPRAY HEADSIZE: _____

PRESSURE PUMP (CHECK TYPE) _____ TIME _____ DEMAND _____ SIZE: _____ SUPPLIER: _____

PERIMETER DRAIN AGGEGATE

TONNAGE: _____ SIZE: _____ SUPPLIER: _____

GRADE _____ PRICE \$: _____ LEACHING TILE FIELD TRENCHES: _____
(AMOUNT OF FALL) (NOT TO EXCEED 3"/50')

BUSINESS NAME (PRINT) INSTALLER'S NAME (PRINT) DATE

Revised: October 2020