



# 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: July 2023