



MIAMI COUNTY
Public Health

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Prevent. Promote. Protect.

www.miamicountyhealth.net

AS-BUILT RECORD LEACH LINES

Read this carefully, the health department will not approve an installation until all the following information is received.

OAC 3701-29-09 (E),(F)

(E) The board of health may require advance notification from the installer to accommodate inspections. The construction drawing, any applicable system start-up information, or other required or necessary documentation shall be available at the time of inspection.

(F) A drawing(s) of the completed system installation shall be provided by the registered installer for a completed STS installation or alteration. The drawing(s) shall be legible and signed by the installer indicating that the STS was installed in accordance with these rules and shall include a record on eight and a half inch by eleven inch or larger pages with copies provided to the owner and the board of health for inclusion in the permit file. Use of the STS design with construction notes and measurements may be acceptable. The drawing(s) shall also include the following items, as applicable:

(1) Any changes to the approved STS design including, but not limited to, distances from installed STS components to any items having applicable horizontal isolation distances. A change in location of a STS from that designated on the STS design shall not be made without prior approval by the board of health and shall not violate horizontal isolation distances required by this chapter.

(2) A designated vertical reference point or benchmark with its location marked at the site.

(3) Plan view drawing for installed STS components per the STS design, including identification of specific products that were installed as part of the STS.

(4) Any additional information components and materials may be required by the board of health.....

Elevations for the system to include the sewer lateral (from clean out to tank), lateral from tank to diversion device and elevations of each leach line.

AS-BUILT RECORD LEACH LINES

ADDRESS OF SYSTEM _____

OWNER NAME _____ DATE _____

THIS STS WAS INSTALLED IN ACCORDANCE WITH OHIO ADMINISTRATIVE CODE 3701-29

INSTALLER SIGNATURE

INSTALLER PHONE

**A SYSTEM WILL NOT BE APPROVED UNTIL
THE AS-BUILT DRAWING IS RECEIVED BY THIS DEPARTMENT**

Permit Approval Check List Leach Lines

Property Address _____ Owner _____ Sewage ID#: _____

Township _____ Designer _____ Email _____ Phone _____

Tank

TAC Approved Tank _____ Size _____ gallons
Effluent Filter Mfg _____ Model _____ ANSI 46 _____
Lateral, SCH 40 _____ Length _____ Pipe from tank to diversion device SCH 40 _____ Length _____

Pump Chamber

TAC Approved Pump Chamber Mfg _____ Size _____ gallons
Pump Mfg _____ Pump Specifications _____
Pipe from pump chamber to diversion device or mound ASTM _____, Pipe diameter _____ inches

Control Panel/Alarm System

Mfg _____, Meets UL or CSA standards _____
Means of measuring total flow _____ elapsed time meter _____ event counter _____ flow meter _____
Location _____, Height above grade _____ ft
Written instructions for operations and alarm events provided _____

Leach Lines

Diversion Device Mfg _____ Model _____
Total Leach Line length _____ ft, Leach line length _____ ft, Depth _____ inches, Width _____ inches
Aggregate specifications _____ Depth of gravel under pipe _____ Height of gravel over pipe _____
Cover over gravel _____ Depth of soil cover over trenches _____
Chamber Mfg _____ Width of chamber _____ inches Observation Port _____

Site Drainage

Perimeter drain depth _____ Depth to restrictive layer _____ Depth of Gravel _____ Cover over Gravel _____
Upslope distance to leach line _____ Down slope distance to leach line _____
Engineered Drainage Spacing _____ Distance from leach lines _____ Drain outlet location _____

Low Pressure Dosing

Lateral pipe diameter _____ inches, Spraying, UP or DOWN, Manifold diameter _____ inches
Orifice diameter _____ inches, Spacing _____ Inches, Orifice shielding description _____
Initial distal/head operating pressure/height _____
Distal/head operating pressure valve mfg _____ model _____
Means of measuring operating head pressure _____
Means of scouring or flushing distribution laterals _____

Pretreatment

Device Mfg _____ Model _____ On approved ODH list _____ Credit depth _____

For sand filters refer to 3701-29-13 Appendix A and B for specifications.

Do sand filter specifications meet regulation requirements _____

_____ APPROVED _____ DISAPPROVED _____ REINSPECTION REQUIRED \$50.00 FEE

ANY SYSTEM WITH A PUMP AND ALARM/COUNTER ON IT WILL NOT BE APPROVED UNTIL THOSE HAVE BEEN INSTALLED, ARE OPERATIONAL, AND HAS HAD ALL REQUIRED ELECTRICAL INSPECTIONS COMPLETED AND APPROVED BY THE MIAMI COUNTY BUILDING DEPARTMENT.

SHALLOW LEACH LINES REQUIRING A COVER/FILL MATERIAL OVER THEM WILL REQUIRE MORE THAN ONE INSPECTION AND WILL NOT BE APPROVED UNTIL THE COVER AND SEEDING OF THE SYSTEM ARE COMPLETED.

Reason for Disapproval:

Additional Information:

Revised 4/2024