As-Built Drawing

Submit Form Within 14 Days of Final Installation

Property Address _____

City/Village/Township _____

Installation Company _____

Provide drawing in the space below or attach. Include benchmark and all components.

Lorain County Public Health

For the Health of Us All

Installer's Signature _____ Date Installed _____

Signer attests that installation meets all requirements of the approved plans/permit and OAC 3701-29

9880 South Murray Ridge Rd., Elyria, OH 44035 PHONE 440-322-6367 FAX 440-322-0911 LorainCountyHealth.com