Lorain County Public Health
For the Health of Us All

Form: Submit As-Built and Start-Up on Final Inspection per Ohio Administrative Code

☐ **Design** ☐ **As-Built Drawing**

Updated 4/17/2023

Property address (street number, city, zip): _____

_____

Installation company: _____

Provide drawing in the space below or attach.

Provide or indicate the following on the design/drawing:

- ☐ Property lines / Structures / Utilities
- ☐ Distances / Isolation distances
- ☐ North arrow / Benchmark
- ☐ Sample location
- ☐ All system components
- ☐ Cut sheets
- ☐ Telemetry / Lockout
- ☐ Discharge location

Property owner or designated representative signature: _____
Date: _____

Installer's signature: _____ Date designed: _____ Date installed: _____

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