Tri-County Health Department

Onsite System As-Built Drawing

Property Address _____

Permit # _____

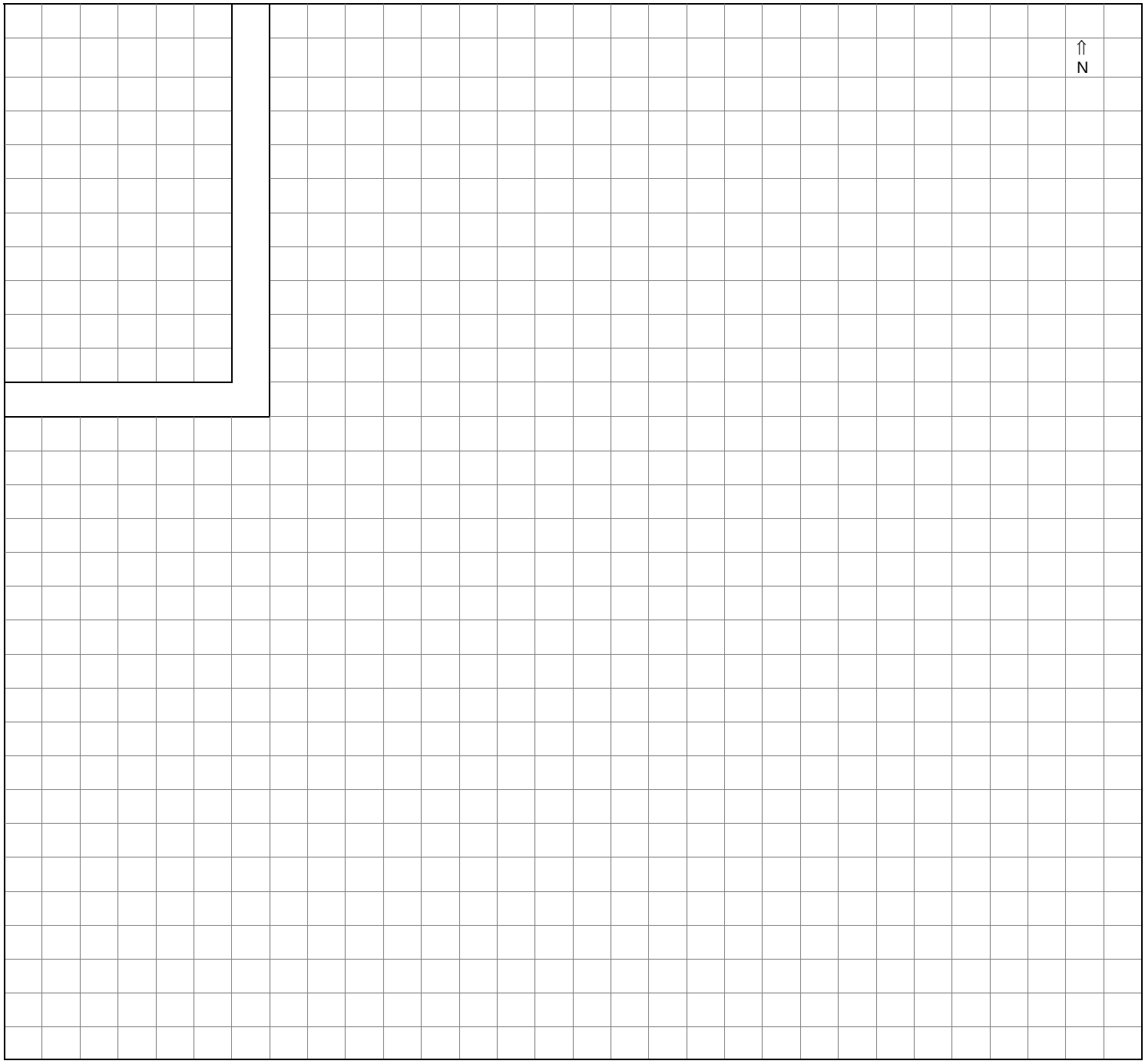
System Completion Date _____

Installer Name _____

Installer License # _____

Installer Address _____

Installer Phone _____

Table of Horizontal Distances

***Indicate location of well (if known).**