

# VAN WERT COUNTY GENERAL HEALTH DISTRICT

1179 Westwood Dr., Suite 300, Van Wert, Ohio 45891

Phone: (419) 238-0808 Fax: (419) 238-9571 Email: vwchd@vanwertcountyhealth.org

## Contractor Reference Checklist for HSTS As-built Records

### Job Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Acreage: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

### Required Documentation (Must be included in as-built record)

- A legible record on 8 ½ x 11 inch or larger pages** with copies provided to the owner and the board of health for inclusion in the permit file. Use of layout plan or design plan documents or as-built template forms may be acceptable.
- Any changes to the approved design plan or layout plan** including distances from installed HSTS components to any items having applicable horizontal isolation distances. *A change in location of an HSTS from that designated on a layout or design plan shall not be made without prior approval by the board of health.*
- Designated vertical and horizontal reference point (benchmark)** with its location marked at the site
- Plan view drawing with elevations** for installed HSTS components per the design plan or layout plan.
- Statement by the registered installer** and designer indicating that the HSTS was installed in accordance with all applicable rules and plan specifications.

**For more information on completion or submission of as-built records, contact:**

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## **Notes:**

(Field sketch, component elevations, horizontal isolation distances, etc.)

### **Required HSTS horizontal isolation distances:**

**10'** from any utility service line, driveway or other paved area, property line or right-of-way boundary or building

**50'** from any water supply source, surface water impoundment, lake, river or perennial stream.