



AS-BUILT PLAN

DATE _____

- TANK REPLACEMENT
 LEACHFIELD REPLACEMENT
 NEW CONSTRUCTION
 TANK AND LEACHFIELD REPLACEMENT
 OTHER

1151 HARTFORD TURNPIKE
 NORTH HAVEN CT 06473
 (203) 248-4528 FAX 248-6671

Property Address _____ H N W B

SHOW NORTH ARROW

ENGINEERED SYSTEM-Engineer will provide As-Built: Yes No Distance from A to B: _____

PLEASE PRINT CLEARLY

POINT LOCATION	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12
DISTANCE TO POINT "A"												
DISTANCE TO POINT "B"												
DISTANCE TO POINT "C"												
DISTANCE TO POINT "D"												

AS-BUILT

1. TANK SIZE	CIRCLE ONE: CONCRETE OR PLASTIC	GAL.
2. NUMBER OF BEDROOMS IN DWELLING		
3. SQUARE FOOTAGE OF INSTALLED LEACHING AREA		SQFT
4. DISTANCE BETWEEN BUILDING FOUNDATION AND EDGE OF LEACHING SYSTEM		FT
5. DISTANCE BETWEEN BUILDING FOUNDATION AND SEPTIC TANK		FT
6. IS THE BUILDING CONNECTED TO CITY WATER?		YES NO
7. DISTANCE BETWEEN SEWAGE SYSTEM AND NEAREST WELL		FT
8. DISTANCE BETWEEN EDGE OF LEACHING SYSTEM AND PROPERTY BORDERS		FT
9. TYPE OF PIPE USED FROM FOUNDATION TO SEPTIC TANK		
10. TYPE OF PIPE USED AFTER THE SEPTIC TANK		
11. PUMP SYSTEM?		YES NO
12. WAS THERE ANY DEVIATION FROM THE PLAN? IF YES, EXPLAIN IN DETAIL		YES NO

THE UNDERSIGNED INSTALLER HEREBY CERTIFIES THAT THIS PRIVATE SUBSURFACE SEWAGE DISPOSAL SYSTEM CONFORMS TO ALL APPLICABLE STATE AND LOCAL CODES AND ORDINANCES AND THAT THE INFORMATION SUPPLIED HEREIN IS SUBSTANTIALLY CORRECT.

SIGNED : _____ **LICENSE #:** _____ **DATE:** _____
(INSTALLER)

PRINT NAME: _____

NAME OF PROPERTY OWNER: _____

FOR OFFICE USE ONLY

INSPECTED BY: _____ **DATE:** _____

INSPECTOR NOTES:

