

NORTH CENTRAL DISTRICT HEALTH DEPARTMENT
P. O. BOX 1222, ENFIELD, CONNECTICUT 06083

AS-BUILT PLAN

Permit No. _____

Town _____

Location _____
House No. or Lot No. and Street

Date _____

_____ New Septic System

_____ Repair of Existing System

Draft a substantially correct scale drawing with property boundaries, showing separation distances of septic system installation; at least two sides of building nearest system; septic tanks, distribution boxes; trenches; dry wells; beds; galleries; potable water supply wells; and, other features affecting system and its location.

**Show leaching system, septic tank, pump chamber and curtain drains, as needed.
Show NORTH with arrow. Show road, driveway, etc.**

Point	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Distance from Corner "A"										
Distance from Corner "B"										
Distance from "C"										
Distance from "D"										

Address _____

Latest Revision Date: _____ Number of Bedrooms: _____

1. Required square footage for leachfield on approved plan _____
2. Actual square footage of installed leaching area _____
3. Actual linear feet of trench or system installed _____
4. Type of septic system installed (i.e., 4' X 1' trench, dry wells, etc.) _____
5. Capacity of installed septic tank is _____ gallons. Pump Chamber ____ Yes ____ No
6. Does the septic tank have an outlet filter? _____
7. Minimum distance between building foundation and septic tank = _____ feet.
8. Minimum distance between building foundation and edge of leaching system - _____ feet.
9. Is building connected to a public water supply? _____
10. Minimum distance between sewage disposal system and nearest well = _____ feet.
11. Minimum distance between edge of leaching system and property borders - _____ feet.
12. Were distribution boxes set level or overflow? _____
13. Was leaching system surrounded with required amount of stone? _____
14. What type of pipe was used from building foundation to septic tank? _____
15. Was leach field covered with filter fabric? _____
16. What type of solid pipe was used after the septic tank? _____
17. Was there any deviation from the original planned system? _____
If yes, explain on a separate sheet.

The undersigned installer hereby certifies this private subsurface sewage disposal system conforms to all applicable state and local codes and ordinances and the information supplied is substantially correct.

Signed: _____ Lic. No.: _____ Date: _____

Inspected by: _____ Date: _____

Name of Property Owner: _____