Chesprocott Health District

SEPTIC SYSTEM AS-BUILT FORM

Owner: ___________________________________ Address: ___________________________________ Town: __________________________

Installer: _______________________________ License #: ______________________________ Date of Installation: _________________________

# of Bedrooms / Design Flow: __________ Required ELA: _________________ Provided ELA: _________________

New Septic Tank Installed (circle) YES (Size): ________ NO ________ MLSS Required: ___________ MLSS Provided: _________________

Any Health Code Exceptions? ________________________________________________________________________________________________

Drawing: Include cross ties from house, length of leaching system, house sewer at house, septic tank cleanouts, nearby wells, street, driveway, other features, etc.

The licensed installer certifies that the leaching system is covered with a minimum of 6 inches of soil and is finished in a condition that will prevent erosion over and adjacent to the leaching system and that the ground surface over the entire system is graded to lead surface water away from the area. The undersigned installer hereby certifies that this septic system conforms to all applicable state and local codes and ordinances and that the information supplied herein is substantially correct.

Licensed Installer: _______________________________________________________________ Signature: ___________________________________ Date: _____________________ rev.10/2104