

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, ect.



TIE	1	2	3	4	5	6	7	8	9	10	TIE	1	2	3	4	5	6	7	8	9	10
A											C										
B											D										

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