



CHESPROCOTT HEALTH DISTRICT
 1220 WATERBURY ROAD • CHESHIRE, CONNECTICUT 06410
 PHONE (203) 272-2761 • FAX (203) 250-9412 • www.chesprocott.org

Water Softener/Treatment As-built

Address: _____ **Town:** _____ **Date:** _____

Provide a sketch of the Waste Water (Softener or other water treatment system) Treatment System that was installed. Include front/side/rear of house, garage, driveway, well, septic system, property lines and any other prominent landmarks. Include measurements from 2 distinct points from the home to both ends of the WTW system.

POINT	#1	#2	#3	#4
Distance from Point A				
Distance from Point B				

Type of WTW: _____

Peak Discharge Volume: _____

Distance from WTW and well: _____

Distance from WTW and Septic System: _____

Distance from WTW to property line: _____

Distance from WTW to Watercourse: _____

Installer Signature confirming soil testing 12 inches about water and 24 inches above ledge: _____