

CHESPROCOTT HEALTH DISTRICT
 1187 HIGHLAND AVENUE, SUITE 210
 CHESHIRE, CONNECTICUT 06410

AS-BUILT PLAN

Draft a substantially correct drawing locating the building sewer exit location at the building, sewage system access points (tank cleanouts, distribution boxes etc) and leaching system ends. A plan drawn to scale is preferable. If the drawing is a tie plan and not drawn to scale, two or more permanent reference points must be provided. Tie plans must note the distances between these reference points.

NUMBER OF BEDROOMS _____

TANK SIZE _____ GALLONS

DIAGRAM

DATE _____
 INSTALLER _____
 TOWN _____
 STREET _____
 EFFECTIVE AREA _____
 OWNER _____
 INSPECTED BY _____

Please check the appropriate square
 New system Repair Addition to existing system

Point	#1	#2	#3	#4	#5	#6	#7	#8
A								
B								
C								
D								

The undersigned hereby certifies that this Sewage Disposal System conforms to all governing codes and ordinances and the dimensions shown are substantially correct.

Signature of Installer _____
 License No. _____ Date _____