



# CHESPROCOTT HEALTH DISTRICT

1187 HIGHLAND AVENUE, SUITE 210 • CHESHIRE, CONNECTICUT 06410  
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## 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.*

<b>POINT</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>
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/Contractor name & address:** \_\_\_\_\_

**Installer Signature confirming soil testing 12 inches above water and 24 inches above ledge:** \_\_\_\_\_