SEPTIC SYSTEM AS-BUILT PLAN

Street Address & Town ________________________________ Date ________________

Permit Number ________________

______New Septic System_______ Repair of Septic System_______ Alteration of System

Number of Bedrooms ________________ or Design Flow of Building ________________

Type of system installed: ____________________________________________________________________

(e.g. stone trenches, infiltrators, galleries)

Square footage of system: Total length _______ Width _______

Effective Area _________________________

Capacity of Tank______________________ Tank: New _________ Existing _____________

Length of house sewer pipe ________________

Minimum distance between septic tank and foundation ________________

Minimum distance between leaching field and foundation ________________

Minimum distance between sewage system and nearest well _____________

Public water supply ________________

Minimum distance between leaching system and property boundary ________________

Curtain drain required? _______

Minimum distance from leaching system to drains ____________________________

(curtain, foundation, storm water, etc)

Draft Drawing on Reverse Side

Please submit this form to the Eastern Highlands Health District office in your town.
# Septic System As-Built Plan (Con’t)

Address_______________________________________________ Date ____________________

Location of System __________________________________________ side of house
(N. S. E. W., front, back)

Draft a substantially correct drawing showing separation distances of septic system installation. Include all of the following information to provide an accurate record of the entire system location:

At least two sides of the building nearest the system, septic tank, house sewer, distribution boxes, trench ends, dry wells, curtain drain, potable water supply wells and any other features affecting the system and its location.

Installer’s Name___________________________________________ License #______________

Installer’s Address__________________________________________ (street, city, state, zip code)

Installer’s Email Address______________________________________

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Revised 5/15/2012