

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • www.ehhd.org

SEPTIC SYSTEM AS-BUILT PLAN

Street Address & Town	Date								
Permit Number									
New Septic System	_Repair of Septic SystemAlteration of System								
Number of Bedrooms	or Design Flow of Building								
Type of system installed:	(e.g. stone trenches, infiltrators, galleries)								
	(e.g. storie trenches, inilitators, galleries)								
Square footage of system: Total length_	Width								
Effective Area	-								
Capacity of Tank	_ Tank: NewExisting								
Length of house sewer pipe									
Minimum distance between septic tank	and foundation								
Minimum distance between leaching field	d and foundation								
Minimum distance between sewage sys	tem and nearest well Public water supply								
Minimum distance between leaching sys	stem 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(N. S. E. W., front, back)	side of house
Draft a substantially correct drawing showing separation di of the following information to provide an accurate record of	•
At least two sides of the building nearest the system, septi- ends, dry wells, curtain drain, potable water supply wells a its location.	·
Installer's Name	License #
Installer's Address	
(street, city, state, zip	code)

Point	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Distance from corner "A"										
Distance from corner "B"										
Distance from corner "C"										
Distance from corner "D"										