



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 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 _____

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"										