CHESPROCOTT HEALTH DISTRICT
1220 WATERBURY ROAD
CHESHIRE, CONNECTICUT 06410

AS-BUILT PLAN

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

Please check the appropriate square

☐ New system ☐ Repair ☐ Addition to existing system

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

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_____