

NAUGATUCK VALLEY HEALTH DISTRICT

98 Bank Street, Seymour, CT 06483 Phone: (203) 881-3255 Fax: (203) 881-3259

As-Built Plan			Permit #			
			Permit #			
			Date Installed			
Location						
Location	ouse or Lot Number	Street				
11	ouse of Lot Ivamoer	Succi				
			New Septic System			
			New Septic System Repair of Existing System			
system installation	on, showing at least one side	of building nearest to sy	nowing separating distances of sewage stem, septic tank, distribution boxes, y other features affecting system and its			
Show leaching sy	ystem reserve area and curtai	n drains when needed.				
ε.	,					
Show north with	arrow.					

AS-BUILT: Must show distance between reference points (A to B to C etc).

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

1.	Required square footage of licensed sewage systemsquare feet.						
2.	Actual square footage of installed leaching areasquare feet.						
3.	Capacity of installed septic tank isgallons.						
4.	Has suitable reserve area with required square footage been set aside for future use? (Show area on front page drawing.)						
5.	Minimum distance between building foundation and edge of leaching systemfeet.						
6.	Minimum distance between building foundation and septic tankfeet.						
7.	Is building connected to public water supply?						
8.	Minimum distance between sewage system and nearest wellfeet.						
9.	Minimum distance between edge of leaching system and property bordersfeet.						
10.	Are all sections of the sewage system at least 25 feet away from any neighboring dwellings?						
11.	Were all distribution box outlets level or set as required by approved plans, according to water test?						
12.	Was leaching system surrounded with required amount of stone?						
13.	Was cast iron pipe used from building foundation to septic tank?						
14.	Was there a deviation from original planned system? If so, please explain why below.						
	<u>LEACHING SYSTEM</u>						
•	n:						
	Area:sq. ft. Required effective areasq. ft.						
	etween units sq. ft. 100% reserve area provided						
	leaching system inches below final grade.						
Pumping	required Curtain drain required						
Serial dis	ribution Level system						
	signed installer hereby certifies that this private sub-surface sewage disposal system conforms to all state and local codes and ordinances and that the information supplied is substantially correct.						
Signed: _	License # Date:						
Inspected	by:						
Name of	contractor erecting building:						
Name of 1	property owner:						

Number of bedrooms in dwelling: _____