

Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483 T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org Ansonia Beacon Falls Derby Naugatuck Seymour Shelton

SEPTIC SYSTEM ASBUILT PLAN

Permit	t #:
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Town: _____ Date Installed: ____

Property Address:

House or Lot Number

Street

Property Owner:

Draft substantially correct scale drawing with property boundaries, showing separating distances of sewage system installation, showing at least one side of building nearest to system, septic tank, distribution boxes, trenches, dry wells, beds, galleries, potable water supply wells and any other features affecting system and its location. Show leaching system reserve area and curtain drains when needed.

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"										



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Number of bedrooms:

1. Septic tank capacity:	gallons. Risers	installed: Y / N		
 Pump chamber capacity: 			Y/N	
3. Type of Safety Devices Installe				
4. Minimum distance between b	uilding foundatior	n and septic tank:		feet.
5. Minimum distance between b	uilding foundatior	n and edge of leachir	ng system:	feet.
6. Type of Water Supply: Publ	ic / On-Site	Well		
7. Minimum distance between so	ewage system and	nearest well:	ft. Water Line:	ft.
8. Minimum distance between e	dge of leaching sy	stem and property b	orders:	feet.
9. Were all distribution box outle	ets set level or set	as require by approv	ved plan? Y/N:	
10. Amount of stone surrounding	leaching field, am	ount of select fill (if	required):	
11. Existing soil line type from bui	Iding foundation:			
12. New soil line description and t	type of joint (if rec	quired):		
13. Are all sections of the sewa	ge system at leas	st 25 ft away from	any neighboring dwelling	gs?Y/N
14. Was there any deviation from	the original appro	oved plan? If yes, ple	ase explain below.	
Leaching System Installed:				
Effective Area Installed:				_sq. ft.
Spacing between units:	sq. ft.	100% reserv	ve area provided:	
Bottom of leaching system:	inche	s below final grade.	Curtain drain required:	Y / N
Serial distribution:	Levels	system:		
The undersigned installer hereby certific regulations and local codes and that the		-		applicable state
Installer Signature:		License #:	Date:	
Inspected by:				