SEPTIC SYSTEM ASBUILT PLAN

Property Address: ______________________________________________________________________

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).

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<td>Distance from corner “A”</td>
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<td>Distance from Corner “C”</td>
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</table>
Number of bedrooms: __________

1. Septic tank capacity: __________ gallons. Risers installed: Y / N
2. Pump chamber capacity: __________ gallons. Riser installed: Y / N
3. Type of Safety Devices Installed: ____________________________
5. Minimum distance between building foundation and edge of leaching system: _________________ feet.
6. Type of Water Supply: Public / On-Site Well
8. Minimum distance between edge of leaching system and property borders: _________________ feet.
9. Were all distribution box outlets set level or set as required by approved plan? Y/N: _________________
10. Amount of stone surrounding leaching field, amount of select fill (if required): _________________
11. Existing soil line type from building foundation: ____________________________
12. New soil line description and type of joint (if required): ____________________________
13. Are all sections of the sewage system at least 25 ft away from any neighboring dwellings? Y / N
14. Was there any deviation from the original approved plan? If yes, please explain below.
   __________________________________________________________

Leaching System Installed: ____________________________________________
Effective Area Installed: _________________ sq. ft. Required effective area _________________ sq. ft.
Spacing between units: _________________ sq. ft. 100% reserve area provided: __________________________
Bottom of leaching system: _________________ inches below final grade. Curtain drain required: Y / N
Serial distribution: _______________________ Level system: _______________________

The undersigned installer hereby certifies that this private subsurface sewage disposal system conforms to all applicable state regulations and local codes and that the information supplied is substantially correct.

Installer Signature: _____________________________ License #: __________________ Date: ______________
Inspected by: ________________________________