

QVHD

**1151 HARTFORD TURNPIKE
NORTH HAVEN CT 06473
(203) 248-4528 FAX 248-6671**

AS-BUILT PLAN

DATE _____

NEW *REPAIR* *COMPLETE REPLACEMENT*

Property Address _____ H NH W B

SHOW NORTH ARROW

ENGINEERED SYSTEM-Engineer will provide As-Built: Yes No Distance from A to B: _____

PLEASE PRINT CLEARLY

POINT LOCATION	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12
DISTANCE TO POINT "A"												
DISTANCE TO POINT "B"												
DISTANCE TO POINT "C"												
DISTANCE TO POINT "D"												

AS-BUILT

1. NUMBER OF BEDROOMS IN DWELLING	
2. SQUARE FOOTAGE OF INSTALLED LEACHING AREA	SQFT
3. DISTANCE BETWEEN BUILDING FOUNDATION AND EDGE OF LEACHING SYSTEM	FT
4. DISTANCE BETWEEN BUILDING FOUNDATION AND SEPTIC TANK	FT
5. IS THE BUILDING CONNECTED TO CITY WATER?	YES NO
6. DISTANCE BETWEEN SEWAGE SYSTEM AND NEAREST WELL	FT
7. DISTANCE BETWEEN EDGE OF LEACHING SYSTEM AND PROPERTY BORDERS	FT
8. TYPE OF PIPE USED FROM FOUNDATION TO SEPTIC TANK	
9. TYPE OF PIPE USED AFTER THE SEPTIC TANK	
10. PUMP SYSTEM?	YES NO
11. WAS THERE ANY DEVIATION FROM THE PLAN? IF YES, EXPLAIN IN DETAIL	YES NO

THE UNDER SIGNED INSTALLER HEREBY CERTIFIES THAT THIS PRIVATE SUBSURFACE SEWAGE DISPOSAL SYSTEM CONFORMS TO ALL APPLICABLE STATE AND LOCAL CODES AND ORDINANCES AND THAT THE INFORMATION SUPPLIED HEREIN IS SUBSTANTIALLY CORRECT.

INSPECTED BY: _____ **DATE:** _____

NAME OF PROPERTY OWNER: _____

NAME OF DEVELOPER: _____

SIGNED : _____ **LICENSE #:** _____ **DATE:** _____
(INSTALLER)

PRINT NAME: _____