

**QVHD**

1151 HARTFORD TURNPIKE  
NORTH HAVEN CT 06473

(203) 248-4528 FAX 248-6671

**AS-BUILT PLAN**

DATE \_\_\_\_\_

TANK REPLACEMENT      LEACHFIELD REPLACEMENT      NEW CONSTRUCTION  
TANK AND LEACHFIELD REPLACEMENT      OTHER

Property Address \_\_\_\_\_ H N 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"												

Dimensions to both ends of leaching rows and distance between swing tie points required

# AS-BUILT

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

*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:** \_\_\_\_\_