



Newtown District Department of Health

3 Primrose Street, Newtown, CT 06470

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EMAIL: HEALTH.DISTRICT@NEWTOWN-CT.GOV

Septic System As-Built

Repair / Replacement of Existing System

Permit #: _____

Date Installed: _____

Address: _____

HOUSE #

STREET

TOWN

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

Show North Arrow

AS-BUILT TIES: 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										

Number of bedrooms: _____

1. Required square feet of sewage system: _____ square feet.
2. Capacity of installed septic tank: _____ gallons. Risers installed: _____
3. Minimum distance between building foundation and septic tank: _____ feet.
4. Minimum distance between building foundation and edge of leaching system: _____ feet.
5. Minimum distance between sewage system and nearest well: _____ feet.
6. Minimum distance between edge of leaching system and property borders: _____ feet.
7. Were all distribution box outlets set level or set as require by approved plan? _____
8. Amount of stone, select fill, berm installed (if required): _____

9. Was cast iron used from building foundation to septic tank? _____
10. Soil line description and type of joint (if required): _____
11. Was there any deviation from the original approved plan? _____ If yes, please explain below.

LEACHING SYSTEM

Description: _____

Bottom of leaching system: _____ inches below final grade.

Spacing between units: _____ Curtain drain required: _____

Serial Districbution: _____ Level system: _____

The undersigned licensed septic installer cerifies that this private sub-surface sewage disposal system conforms to all applicable state and local codes and ordinances and that the information is substantially correct.

Signed: _____ License #: _____ Date: _____
Licensed Installer

Inspected by: _____ Date of final inspection: _____

Name of property owner: _____