Trumbull Health Department

AS-Built Plan

Date_____

New Repair

Address_____ Lot #

Show North Arrow

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 Required

As-Built

1. Number of Bedroms in Dwelling?	2 3 4 5
2. Total Square Footage Installed:	SQFT
3. Distance between Building Foundation & Leaching Fields?	FT
4. Distance between Building Foundation & Septic Tank?	FT
5. Distance between Septic System and Nearest Well?	FT
6. Distance between Septic System and Property Lines?	FT
7. Type of Pipe used from Foundation to Septic Tank?	FT
8. Type of Pipe used after the Septic Tank?	FT
9. 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 system conforms to all applicable state and local codes and ordinances and that the information supplied is substantiallly correct

Inspected By:_____Date_____

Name of Property Owner:_____

Signed:_____License #_____Date_____

Installer

Print Name_____