Central Connecticut Health District

Central Office: 505 Silas Deane Highway, Wethersfield, CT 06109 Phone (860) 721-2822 Fax (860) 721-2823
Berlin: 240 Kensington Road, Berlin, CT 06037 Phone (860) 828-7017 Fax (860) 828-9248
Newington: 131 Cedar Street, Newington, CT 06111 Phone (860) 665-8586 Fax (860) 665-8533
Rocky Hill: 761 Old Main Street, Rocky Hill, CT 06067 Phone (860) 258-2770 Fax (860) 258-2767
www.ccthd.org

SEPTIC SYSTEM AS-BUILT

Property Owner: _____ Date of Installation: _____

Address: _____ # Bedrooms: _____

Installer: _____ Lic # _____ Lic Exp. Date _____

Design Engineer: _____ Plan Date: _____ Fill Used? _____

Tank Size: _____(Gal.) Tank Type: _____

Effective Leaching Area Provided: _____ (Sq. Ft) Leaching Product: _____

Include distances from house, length of leaching system, house sewer at house, septic tank cleanouts, nearby wells, street, driveway, other features and elevations

Tie	1	2	3	4	5	6	7	8	9	10	11
A											
B											
C											
D											
E											
F											
Elevation											