

EAST SHORE DISTRICT HEALTH DEPARTMENT
14 Business Park Drive
Branford, Connecticut 06405
(203) 481-4233
SEPTIC AS-BUILT (Completed by Installer)

Street Address: _____ **Lot #** _____

Town: _____

Owner: _____

New: ____ **Repair:** ____ **Alteration:** ____

Leaching Trenches

Dimensions _____

Total length _____

Total ft² _____

Drywell

of drywells _____

Diameter/depth _____

Total ft² _____

$ft^2 = \{ \# \text{ of drywells } (3.14 \times \text{diameter (ft)} \times \text{depth (ft)}) \}$

Galleries

Size & material _____

Total length _____

Total ft² _____

Other

Describe _____

Total ft² _____

Septic Tank Size: _____ Septic Tank Manufacturer: _____

Pump chamber size (if applicable) _____ Emergency storage capacity(gallons) _____

Tank outlet filter - Manufacturer & Model: _____

Manhole to grade - inlet _____ Manhole to grade - outlet _____

Installer name (*print*) _____ License # _____

Signed _____ Date _____

(Installer)

As-Built Reviewed and approved by:

(Sanitarian)

← PLEASE COMPLETE REVERSE →

