

SEPTIC AS-BUILT FORM

TOWN OF MADISON HEALTH DEPARTMENT

8 CAMPUS DRIVE, MADISON CT 06443 TEL: 203-245-5681 FAX 203-245-5615

Address _____ Date of Installation _____ New _____ Repair _____ Other _____
 Installer Name _____ License# _____ Design Engineer _____
 Tank Size _____ (gal) Tank Type: _____ Concrete _____ Plastic _____ New _____ Old _____ Pump Chamber _____ (gal)
 Effective Leaching Area Required: _____ sq.ft. Effective Leaching Provided: _____ sq.ft.
 Leaching Product Type and Length: _____
 Backfill Material: _____ Bottom of System Elevation: _____

Provide elevations: Bench Mark, Sewer at Building, Tank In, Tank Out, Pump Chamber, D-Boxes and Leaching System.

Drawing: Include location of house, sewer at house, and distance from house corners to: septic tank inlet and outlet, pump chamber, D-Boxes, each end of all leaching rows, provide length of leaching rows, location of nearby wells/water lines, street, driveway wastewater treatment system and any other features to help locate system in the future. Include location of any underground utilities near septic system if known.

Bench Mark Location: _____ Bench Mark Elevation: _____

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

For Office Use:

Health Official _____ Title _____ Date _____ Permit# _____