



Housatonic Valley Health District

As-Built Drawing

LOCATION: _____ TOWN: _____

NEW SYSTEM: REPAIR:

INSTALLER: _____ LICENSE #: _____ (PRINT)

I hereby certify that the subsurface sewage disposal system described below conforms to the approved plan/proposal and conforms to all applicable Public Health Code requirements. The information provided is substantially correct.

SIGNATURE: _____ DATE: _____

Show: building, driveway, septic tank, pump chamber, sanitary system installed, reserve area, distribution boxes TANK

SIZE _____ GALLONS PUMP CHAMBER _____ GALLONS

POINT	1	2	3	4	5	6	7	8	9	10	11	12
Corner A												
Corner B												
Corner C												

All measurements from fixed locations.