

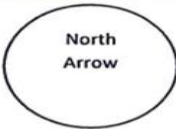


TOWN OF WESTBROOK
HEALTH DEPARTMENT
 866 BOSTON POST ROAD
 WESTBROOK, CONNECTICUT 06498
 (860) 399-9869 • Fax (860) 399-2084

As Built

Owner: _____ Address: _____ Town: _____
 Installer: _____ License#: _____ Date of installation: _____
 Percolation rate: _____ #of bedrooms or (design flow): _____ Required ELA: _____ Provided ELA: _____
 Leaching product used(size & type) _____ Linear feet: _____
 New septic tank installed?(circle) YES (size) _____ NO MLSS required (ft.): _____ MLSS provided (ft.): _____
 Minimum distance to well(s): _____ Water line(s): _____ Deviations from original plan?: YES NO List Health Code Exceptions: _____

Drawing: Include cross ties from house, length of leaching system, house sewer at house, septic tank cleanouts, nearby wells, street, driveway, other features, etc.



Tie	1	2	3	4	5	6	7	8	9	10	Tie	1	2	3	4	5	6	7	8	9	10	
A											C											
B											D											

The licensed installer certifies that the leaching system is covered with a minimum of 6 inches of soil and is finished in a condition that will prevent erosion over and adjacent to the leaching system and that the ground surface over the entire system is graded to lead surface water away from the area. The undersigned installer hereby certifies that this septic system conforms to all applicable state and local codes and ordinances and that the information supplied herein is substantially correct.

Licensed Installer Print: _____ Signature: _____ Lic #: _____ Date: _____