

INSTALLER'S AS-BUILT CHECKLIST

Town: _____

Street Address of Property: _____

Property Owner: _____

Owner Mailing Address: _____

Septic Installer's Name: _____

Phone: _____ License Number: _____

HOUSE SEWER (Invert Levels)

At foundation wall _____ Inlet at septic tank _____ Length of sewerline _____

Manufacturer _____ Size _____ (gallons) Depth to cleanout _____

Outlet filter baffle manufacturer type and size _____

LEACHING SYSTEM

Description _____

Effective Area _____ sq. ft. Required effective area _____ sq. ft.

Spacing between leaching units _____ ft. 100% reserve area provided _____

Bottom of leaching system 18 inches above maximum water table _____

Bottom of leaching system 4 feet above ledge rock _____

Curtain drain installed _____ Footing drain _____ Pumping required _____

Bottom of leaching system _____ inches below final grade

Serial distribution _____ Level system _____

Cover over leach field _____ inches Fill extension _____ feet

SEPARATING DISTANCES

Well located _____ feet from tank and _____ feet from leach field.

Sewage system to well on property _____ ft. To water service _____ ft.

To well on adjacent property _____ ft. To property line _____ ft.

To dwelling on adjacent property _____ ft. To house served _____ ft.

To nearest ground or surface water drain _____ ft. To nearest watercourse _____ ft.

Installers Signature: _____ Date: _____

*****Installer shall complete the above sections of this form and provide a sketch of the installed septic system with appropriate ties on the reverse side of this form.*****