TOWN OF MADISON HEALTH DEPARTMENT 8 CAMPUS DRIVE, MADISON, CT 06443

SEPTIC SYSTEM AS-BUILT FORM

Owner:_____ Date of Installation:_____

Address: _____ # Bedrooms: _____

Installer: _____ Lic# _____ Permit# _____ New _____ OR Repair _____

Design Engineer:_____ Plan Date: _____ Fill Used? _____ Elevations Required*_____

*(*Elevations: Identify Fixed Points: Bldg. Sewer at Bldg., Tank In, Tank Out, Pump Chamber, D-Boxes, Leaching system)*

Perc Rate: ____ (Min/In) Tank Size:_____ (Gal) Tank Type: Concrete_____ Plastic_____ New_____ Old_____

Effective Leaching Area Provided:_____(Sq.Ft) Leaching product: _____

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

Tie	1	2	3	4	5	6	7	8	9	10	11
A											
B											
C											
D											
E											
F											
Elevation											