



WESTPORT WESTON HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855

Telephone: (203) 227-9571

AS-BUILT PLAN: SUBSURFACE SEWAGE DISPOSAL SYSTEM

Please TYPE or PRINT. Complete all items.

Location: _____ Westport Weston
Street Address Lot Number

Owner: _____ Address: _____

Type system installed: _____ New Repair Alteration

New Existing Tank size: _____

New Existing Leaching, type and size: _____

The undersigned hereby certifies that this sewage disposal system conforms to all governing codes and ordinances and that the dimensions shown are substantially correct.

License No.: _____ Date: _____
Signature of INSTALLER

Installer: _____ Address: _____ Tel: (____) _____
Print or TYPE Name

Dwelling

SYSTEM

Checked by: _____

POINT	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14
Corner A														
Corner B														
Corner C														
Corner D														

In the space below, sketch the completed system, as built.

North Indicated