



TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790
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"Promoting Health & Preventing Disease Since 1967"

AS-BUILT OF SEWAGE DISPOSAL SYSTEM

Street Number _____ Lot # _____ Address: _____

Installer: _____ License Number: _____

Tank Size: _____ System Size and Type: _____ Permit # _____

Number of Bedrooms: _____ If Commercial – Design Flow _____ G.P.D.

Fill Source: _____ Fill Depth: _____

Inspected By: _____ Date: _____

I certify that the system has been installed in conformance with the plan of design.

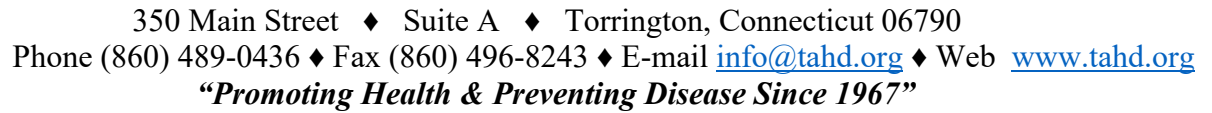
Installer Signature: _____

TO BE COMPLETED BY TAHD SANITARIAN

Inspection Details

Curtain Drain ☐ Pump System ☐ Grease Trap ☐ Scarification Inspection ☐
Survey or stakeout ☐ Inspection & As-Built by Engineer ☐ Water Meter Installed ☐

Inspected Components	Satisfactory	Plan Elevation	Diff	Field Elevation	Diff
Septic tank size (gallons)	_____		△		△
Septic tank baffles	_____				
Piping Materials	_____				
Stone	_____				
Filter Fabric	_____				
Curtain drain	_____				
System type/size	_____				
Separation distances	_____				
Pump chamber/pump/alarm	_____				
Select fill sieve test	_____				
Curtain drain depth (plan)	_____	System elevations meet design plan / health code requirements: Yes _____ No _____			
Curtain drain depth (field)	_____				



If drawing is to scale, please indicate scale used. If not drawn to scale, please provide the outside dimensions of the house. **Identify at least two-house points (A,B) and use the section below to show separation distances** from the identified building sides to the septic tank (all covers), distribution boxes, and ends of the system. **Indicate lengths of system each side of a distribution box. Provide north arrow and indicate street side of home.**

[illegible]