



Northeast District Department of Health
69 South Main Street, Unit 4
Brooklyn, CT 06234
Phone - 860-774-7350 / Fax – 860-774-1308
www.nddh.org

INSTALLER'S AS-BUILT CHECKLIST

File # _____ Street location of property _____
Town _____ Map # _____ Block # _____ Lot# _____
Property Owner _____

Installer's Name _____ Telephone # _____

HOUSE SEWER (Invert Levels)

At foundation wall _____ Depth at septic tank _____
Manufacturer _____ Size _____ (gallons) Depth to cleanout _____
Outlet Filter Baffle Manufacturer Type & 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 _____ Pumping required _____
Bottom of leaching system _____ inches below final grade
Serial Distribution _____ Level System _____
Cover over leach field(inches) _____ Fill extension(in feet) _____
2:1 Slope YES NO

SEPARATING DISTANCES

Well located _____ feet from _____ and _____ feet from _____
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.

Installer's 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.