

**POMPERAUG DISTRICT DEPARTMENT OF HEALTH
AS-BUILT DRAWING**

LOCATION_____

TOWN_____

NEW SYSTEM_____

REPAIR_____

INSTALLER_____

LICENSE #_____

(PRINT)

I hereby certify that the subsurface sewage disposal system described below conforms to the approved plan/proposal and conforms to all applicable Public Health Code requirements. The information provided is substantially correct.

SIGNATURE_____

DATE_____

Show: building, driveway, septic tank, pump chamber, sanitary system installed, reserve area, distribution boxes

TANK SIZE_____GALLONS

PUMP CHAMBER_____GALLONS

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

All measurements from fixed locations.