

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

LOCATION _____ TOWN _____

NEW SYSTEM _____ REPAIR _____ DATE _____

INSTALLER _____
(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 _____ LICENSE # _____

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



| POINT | 1 | 2 | 3 | 4 | 5 | 6 |
|----------|---|---|---|---|---|---|
| CORNER A | | | | | | |
| CORNER B | | | | | | |
| CORNER C | | | | | | |

TANK SIZE _____
gals.

PUMP CMBR. _____
gals.

All measurements from fixed locations.