



East Shore District Health Department
Serving Branford, East Haven and North Branford

SEPTIC AS-BUILT FORM (Completed by Installer)

Street Address: _____ Lot # _____, Town: _____
Owner: _____ New: _____ Repair: _____ Alteration _____

Show Street Location

Leaching Trenches	Galleries	Drywell # _____	Other _____
Dimensions	Size _____	Size _____	Describe _____
_____	_____	_____	_____
Total Length	Total Length	Total ft2	Total ft2
_____	_____	_____	_____
Total ft2	Total ft2		
_____	_____		

Septic Tank Size: _____ Tank outlet filter - Manufacturer & Model _____

Manhole to grade - inlet _____ Manhole to grade - outlet _____

Signed _____ Date _____

(Installer)

As-Built Reviewed and approved By: _____

(Sanitarian)

Note: For new septic tank installations after July 1, 2000, measurements must be made to both manhole covers.