AS-BUILT OF SEWAGE DISPOSAL SYSTEM

St. 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)	_____	**Bench Mark**	_____	△	_____	△
Septic tank baffles	_____					
Piping Materials	_____	**House out (top)**	_____	_____	_____	_____
Stone	_____					
Filter Fabric	_____	**Tank In (top)**	_____	_____	_____	_____
Curtain drain	_____					
System type/size	_____	**Tank Out (top)**	_____	_____	_____	_____
Separation distances	_____					
Pump chamber/pump/alarm	_____	**System Bot. (row 1)**	_____	_____	_____	_____
Select fill sieve test	_____					
		System Bot. (row 2)	_____	_____	_____	_____
Curtain drain depth (plan)_____						
		System Bot. (row 3)	_____	_____	_____	_____
Curtain drain depth (field)_____		**System elevations meet design plan /health code requirements:** Yes _____ No _____				

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Sketch of System

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.**

	1	2	3	4	5	6	7	8	9	10	11
A											
B											
C											
D											
E											