

# STRATFORD HEALTH DEPARTMENT AS-BUILT PLAN

LOCATION:	DATE:
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CONTRACTOR:	LICENSE #	PERMIT #
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ADDRESS:	FAX:	PHONE:
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**Draft substantially correct scale drawing with property boundaries, showing separation distances of sewage system installation, showing at least one side of the building nearest to the system, septic tanks, distribution boxes, trenches, dry wells, beds, galleries, potable water supply wells and any other features affecting the system and it's location. Ends of system must be located.**

**Provide brief written description of system installed:**

**Show leaching system, reserve area and curtain drains if applicable. Show north arrow.**

POINT	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13
From Corner A													
From Corner B													
From Corner C													
From Corner D													

**STRATFORD HEALTH DEPARTMENT**  
**468 Birdseye Street**  
**Stratford, CT 06615**

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