

Town of Somers Health Department 600 Main Street Somers, CT 06071 (860) 763-8216

Subsurface Sewage Disposal System As-Built

Location	:												
Owner: _													
Date of I	nstallation	:											
Drawing: Include cross ties from house, length of leaching system, house sewer at house, septic tank cleanouts, nearby wells, street, driveway, other features, etc.													
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Note: No	t drawn to	scale											
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in a cond	ition that	will preve		over and	adjacent	to the lead	ching syste	em and the	at the grou	and surfac	e over the	1	
in a condition that will prevent erosion over and adjacent to the leaching system and that the ground surface over the entire system is graded to lead surface water away from the area. The undersigned installer hereby certifies that this septic system conforms to all applicable state and local codes and ordinances and that the information supplied													
	substantia									FI			
Licensed	Installer:	Print:											
	:	Signature	:			Date:							