



Town of South Windsor – Health Department

1540 Sullivan Ave., South Windsor, CT 06074 – Mailing Address

1530 Sullivan Ave., South Windsor, CT 06074 – Office Address

Phone Number: (860) 337-6173, Fax Number: (860) 644-1930

SEPTIC SYSTEM AS-BUILT PLAN

Date _____ Permit Number _____

Street Address _____

____ New Septic System ____ Repair of Septic System ____ Alteration of System

Number of Bedrooms _____ OR Design Flow of Building _____

Type of System
Installed _____

(e.g. stone trenches, infiltrators, galleries etc.)

Square Footage of System: Total Length _____ Width _____

Effective Leaching
Area _____

Capacity of Tank _____ Tank: New _____ Existing _____

Length of House Sewer Pipe _____

Minimum Distance Between Septic Tank & Foundation _____

Minimum Distance Between Leaching Field & Foundation _____

Minimum Distance Between Sewage System & Nearest Well _____
Public Water Supply _____

Minimum Distance Between Leaching System and Property Boundary _____

Curtain Drain Required? _____

Minimum Distance From Leaching System to drains _____
(curtain, foundation, storm water, etc.)

