

CITY OF MILFORD
DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

PRIVATE SEWAGE SYSTEM

AS-BUILT PLAN

(Please print or type)
LOCATION _____

OWNER _____ INSTALLER _____

Please check appropriate square: ☐ new system ☐ repair existing system ☐ addition to existing system

Describe type of system installed _____
Total seepage area _____sq.ft., Width of trenches _____, Depth of galleries or dry wells _____
Width of dry wells _____

The undersigned hereby certifies that this Sewage Disposal System conforms to all governing codes and ordinances and the dimensions shown are substantially correct.

Signature of Installer _____ License No. _____ Date _____

Point	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14
Distance from corner “A”														
Distance from corner “B”														
Distance from corner “C”														
Distance from corner “D”														

DIAGRAM

Inspected by: _____ Date _____

Remarks: _____

