

Proposed Septic System Sketch
Guilford Health Department

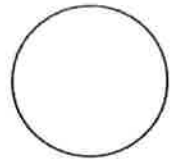
Owner _____

Address _____ No., of bedrooms _____

Installer _____ Lic. No., _____

Septic tank replacement only Y / N Well water Y / N Foundation drain present Y / N Jacuzzi Y / N

Pump chamber required Y / N Risers to grade required Y / N



North

Items to include in sketch:

House & Street orientation _____ Property lines _____ Size of septic tank _____ Size of leaching system _____

Type of leaching system material proposed _____

Septic system set back distances to: House _____ Garage _____ Deck _____ Property line _____ Well _____

Buried fuel tank _____ Pool _____ Accessary structures _____ Water treatment system _____

TOWN OF GUILFORD
SANITARY SYSTEM AS-BUILT

Location: _____ **Town:** _____
Owner: _____ **New:** _____ **Repair:** _____

<u>Elevations</u>	
Bench Mark	_____
Sewer Out	_____
Tank In	_____
Tank Out	_____
D-Box FL1	_____
D-Box FL2	_____
D-Box FL 3	_____
D-Box FL 4	_____

System Locations	1	2	3	4	5	6	7	8	9	10
House corner A										
House corner B										

Leaching Trenches _____ Galleries: _____ Drywell _____ Other: _____
 Total Length: _____ Height: _____ Size: _____
 Total Length: _____

Septic Tank Size: _____ House Sewer Length _____ Leaching System Size: _____ (Sq. Ft.)

Signed _____ Date _____
 (Installer)

As- Built Reviewed and Approved By: _____
 (Sanitarian)