



Town of Greenwich
Department of Health
Division of Environmental Services

Checklist for Installer Design As-Built for Sewage Disposal

Job Site: _____

Owner: _____

Licensed Installer: _____

circle (○) = deficiencies; check mark (✓) = satisfactory

- Minimum size drawing accepted will be 11" x 17", folded to fit in 8 ½" x 11" folder.
- Plan drawn to scale: 1" = 20' include North arrow and property line locations.
- All tie-in dimensions to locate septic system to be noted on plan. Size and length of sewer line from dwelling to septic tank will slope dimension of pipe. Both manholes for septic tank should be shown with tie-in dimensions, as well as septic tank size.
- Required on drawing: label front and rear of dwelling, number of bedrooms, frontage road, driveway and well location and/or distribution or public supply line.
- Specify leaching area, existing and/or newly constructed, if trenches, galleries, pit, pump chamber and curtain drain, if applicable.
- Lengths, widths, depths and center-to-center dimensions required with a typical cross-section of leaching system and curtain drain, if applicable.
- Final elevations of septic system (i.e. flow lines of building, inlet and outlet of septic tank, D-boxes, bottom elevation of leaching structure etc.).
- Explain leaching area construction. Show existing and/or newly constructed system and how the system meets Code requirements with respect to the design criteria.
- Include this note: For additional data, refer to the proposal drawing approved by the Department of Health, Town of Greenwich.
- Title box must be placed in the lower right hand corner of drawing and shall include:
 - Owner's name with mailing address if different from site address
 - Project address: include street name, house #, lot # and parcel ID
 - Scale of drawing
 - Date of completion
 - Installer's name

For Septic System Repairs: any variances granted by the Department must be noted on the plan along with reasons (i.e. restrictions) for the variance. Variances will be noted on the Permit to Discharge along with any restrictions for use.

Comments: _____

Reviewed by: _____ Date: _____

Revision Information

contact	date	revision fee	comments