



**Please TYPE or PRINT. Complete all items.**

Location: \_\_\_\_\_ ☐ Westport ☐ Weston ☐ Easton

Street Address                      Lot Number

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

**Type system installed:** \_\_\_\_\_ ☐ *New* ☐ *Repair* ☐ *Alteration*

☐ New ☐ Existing **Tank size:** \_\_\_\_\_☐ *New*   ☐ *Existing*   **Leaching, type and size:** \_\_\_\_\_

*The undersigned hereby certifies that this sewage disposal system conforms to all governing codes and ordinances and that the dimensions shown are substantially correct.*

\_\_\_\_\_  
Signature of INSTALLER

License No.: \_\_\_\_\_ Date: \_\_\_\_\_

Installer: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_  
 Print or TYPE Name \_\_\_\_\_  
 Checked by: \_\_\_\_\_

**Checked by:** \_\_\_\_\_

## Dwelling

## SYSTEM

[illegible]

In the space below, sketch the completed system, as built.

North Indicated