WESTPORT WESTON HEALTH DISTRICT
180 Bayberry Lane, Westport, CT 06880-2855
Telephone: (203) 227-9571

Non-Transferable
Approval Valid for One Year
Fee - $220.00
Includes soil test & permit
Fee is Non-Refundable

APPLICATION TO INSTALL DRAINAGE FOR A WATER TREATMENT DISPOSAL SYSTEM

Location: _____ ☐ Westport ☐ Weston

Owner: _____ Address: _____

Installer: _____ Lic. No: _____ Tel: (_____) _____

In accordance with Chapter 3 of the Westport Weston Sanitary Code, I request an approval to install drainage for a water treatment disposal system. No work is to begin until the approval to construct is signed by the sanitarian or Director of Health. An inspection of this work is required.

In the space below, sketch the proposed drainage system. Show the existing well and the septic system.

Type of water softener: _____
# of Bedrooms: _____
Daily flow (bedrooms x 150 GPD): _____
Anticipated backwash flow: _____

North Indicated

Installerôs Signature: _____ Date: _____

Permit to Install Issued: _____ Date: _____
Sanitarian Signature

Final Inspection Approved _____ Date: _____
Sanitarian Signature