



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

Fee is Non-Refundable
Fee is Non-Transferable
APPLICATION FEE\$150.00

SEWAGE DISPOSAL SYSTEM INSPECTION

Please TYPE or PRINT.

Location: _____	<input type="checkbox"/> Westport	<input type="checkbox"/> Weston
Lot and Street Address		
Owner: _____	Signature: _____	Telephone: () _____
Authorized Agent: _____	Signature: _____	Telephone: () _____
Licensed Septic Installer: _____	Signature: _____	Telephone: () _____
Professional Engineer: _____	Signature: _____	Telephone: () _____

SEWAGE DISPOSAL SYSTEM COMPONENTS TO BE INSPECTED

Tank size and leaching: _____ Year Installed: _____

Condition of inlet and outlet baffles: _____

Outlet filter clean, if applicable: _____

Liquid level in tank: _____

D-boxes uncovered/condition: _____

Leaching system condition: _____

Water softener discharge into the sewage system: Yes No

Leaking fixtures in home: Yes No

Garbage disposal used: Yes No

WWHD Remarks

SIGNATURE OF SANITARIAN:

Date of Inspection