



WESTPORT WESTON HEALTH DISTRICT
APPLICATION TO CONSTRUCT, ALTER OR REPAIR
A SEWAGE DISPOSAL SYSTEM

Fee is Non-Refundable
Application is Non-transferable

- NEW \$495.00
- REPAIR/ALTERATION W/LEACHING. \$385.00
- REPAIR/ALTERATION TANK ONLY.. \$220.00
- B-100A REVIEW \$150.00
- PLAN CHANGE FEE \$195.00

Please TYPE or PRINT.

Three copies of detailed scaled plans must be submitted with this application. Soil test data, acceptable to the Director of Health, must be on file at the Health District.

Plans Prepared by:

- Installer Professional Engineer

Sewage Failure Confirmed (Describe:) _____
Date: _____ **Sanitarian Initials:** _____

Location: _____ Westport Weston

Street Address _____ Lot Number _____
Owner: _____ **Address:** _____ **Tel: (____) _____**

PRINT Name of owner or duly authorized agent Signature of owner or duly authorized agent Date

RESIDENTIAL STRUCTURE:

Age of structure (years) _____
 No. of bedrooms: _____
 No. tubs greater than 99 gal. overflow: _____
 Garbage disposal:..... Yes No
 Water treatment softener/filter Yes No
 Water supply:..... Well Public
 Fixtures in basement Yes No
 Other: _____

NON-RESIDENTIAL STRUCTURE:

Type (Store, Office, etc.): _____
 Design criteria: _____
LOT:
 Part of subdivision:..... Yes No
Subdiv. name: _____
 Date of approval: _____
 Lot size: _____

Public supply watershed Yes No
 Public sewer access Yes No
 Wetlands..... Yes No
 Flood zone..... Yes No
 Footing drains..... Yes No
 Curtain drains..... Yes No
 Stormwater drywell Yes No

System to consist of: _____ and _____
 Septic Tank Size/Pump Chamber Leaching Area: Description / LINEAL Feet / SQ. FT.

Licensed

Installer: _____ Name (PRINT) Signature License No. Date

For Health District Use Only — Do Not Write Below this Line

Plan reviewed by: _____ Approved: _____ By: _____
 Date Sanitarian's Signature

WWHD | **Test during Wet Season:** **Percolation Rate:** 1/10 1/20 1/30 1/45 1/60 **Area of Special Concern:** Yes No
 Comments: **Restrictive Layer:** _____ inches **Engineering Design Required:** Yes No **MLSS (ft):** _____

DOCUMENTS NEEDED TO ISSUE PERMIT TO DISCHARGE

	Yes	No	Date Received	Initials
Sieve Analysis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Fill Percolation Rate.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AS BUILT of system.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Engineer's approval.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Well Permit.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Well Completion Report.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Water Analysis.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Conditions:

Approval to construct by: _____
 Sanitarian's Signature Date

Created: _____
 Date / Initials

Permit to Discharge by: _____
 Sanitarian's Signature Date

Created: _____
 Date / Initials

