Fee is non-refundable.

Fee: $285.00 Initials:_____

ASPETUCK HEALTH DISTRICT

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

APPLICATION FOR A NEW HOUSE

DATE: _____ **OWNER'S NAME:**_____

PROPERTY ADDRESS:_____ **TEL. NO:**_____
STREET TOWN ZIP

NEW HOUSE: **No. of Bedrooms** _____ **No. of Bathrooms:** _____

Finished Basement: ☐ Yes ☐ No **Finished Attic:** ☐ Yes ☐ No
Proposed Tubs more than 99 gallons: ☐ Yes ☐ No

WATER SUPPLY: **Public Water** ☐ Yes ☐ No
Private Well ☐ Yes ☐ No

Footing drains required: ☐ Yes ☐ No **Water treatment Proposed:** ☐ Yes ☐ No
Lawn irrigation Proposed: ☐ Yes ☐ No **Geothermal wells proposed:** ☐ Yes ☐ No

Septic System Design Engineer: _____

Proposed Septic System:_____
Tank Size Leaching

OWNER OR DULY AUTHORIZED REPRESENTATIVE (PRINT) _____

Signed: _____ **Date:**_____
Owner or Duly Authorized Representative

Contact Telephone No: _____

AHD REMARKS:

CONDITIIONS:
_____

APPROVED: _____ **Date:** _____

Septic As-built received: ☐ YES ☐ NO **Date:** _____
Well water approved: ☐ YES ☐ NO **Date:** _____
Well completion report received: ☐ YES ☐ NO **Date:** _____

FINAL INSPECTION: _____ **Date:** _____
SANITARIAN

FINAL REMARKS: _____

_____