



ASPETUCK 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
Easton

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:
Water treatment softener/filter:
Water supply:
Fixtures in basement:
Other:

NON-RESIDENTIAL STRUCTURE:

Type (Store, Office, etc.):
Design criteria:
LOT:
Part of subdivision:
Subdiv. name:
Date of approval:
Lot size:

Public supply watershed:
Public sewer access:
Wetlands:
Flood zone:
Footing drains:
Curtain drains:
Stormwater drywell:

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: Area of Special Concern:
Comments: Restrictive Layer: Engineering Design Required: MLSS (ft):

DOCUMENTS NEEDED TO ISSUE PERMIT TO DISCHARGE

Table with columns: Document Name, Yes, No, Date Received, Initials. Rows include Sieve Analysis, Fill Percolation Rate, As BUILT of system, Engineer's approval, Well Permit, Well Completion Report, Water Analysis.

Conditions:

Approval to construct by: Sanitarian's Signature Date

Created: Date/Initials

Permit to Discharge by: Sanitarian's Signature Date

Created: Date/Initials



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

SEWAGE DISPOSAL INSPECTION REPORT

Location: _____ Westport Weston Easton

Installer: _____

INSPECTION/REMARKS

NAME AND DATE
