



ASPETUCK 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	<input type="checkbox"/> Easton
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

AHD Remarks

SIGNATURE OF SANITARIAN:

Date of Inspection

