

ASPETUCK HEALTH DISTRICT

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

INSTRUCTIONS FOR COMPLETING AN APPLICATION TO CONSTRUCT A TENNIS COURT/SPORTS COURT

Fee is Non-Refundable

- A. Please complete one (1) copy of the application form.
- B. Attach the following to the application:
 - 1. Two (2) copies of survey (plot plan) drawn to scale showing North direction with an arrow and,
 - a. Location and size of septic tank,
 - b. Location and size of leaching area,
 - c. Well, if applicable,
 - d. Water course or wetland area,
 - e. Proposed location of tennis court, and drains, if applicable.
 - 2. Check payable to *Aspetuck Health District* in the amount of \$255.00.
- C. Upon completion and submission of above, an appointment will be scheduled with a sanitarian for review, if necessary.

NOTICE

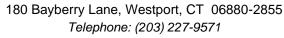
All plans for building enlargement, swimming pool installation, sewage system alterations, etc., must show the location and size of the septic tank. If not available from previous records, the size and location are to be determined by measurement by a Sanitarian of the Aspetuck Health District.

To obtain the size of the tank, the cover top corners are to be exposed for measurement of length and width, and the manhole cover removed to measure the depth.

A statement as to size from a septic tank pumping firm will not be accepted.

If a public sanitary sewer is available for connection at the site, Aspetuck Health District may require that a connection be made before any approvals are granted. *Health District Sanitary Code*, Section 3.3 (d) and (e).

ASPETUCK HEALTH DISTRICT





APPLICATION FOR REVIEW OF PLANS FOR PROPOSED TENNIS/SPORT COURT

Please TYPE or PRINT. Complete all items to bold line. Two copies of plot plan must be submitted with this application.

Location:			Westport Weston Easton
Street Addre	SS	Lot Number	
Owner:	Address:		Tel: ()
Built By:	Address:		Tel: ()
Type of Tennis Court: Drinking Water Supply: Distance of Tennis Court from: Dwelling: Water Course/Wetlands Septic Tank: Leaching Area: Well: Well:		(Minimum separa from sub-surface	No s to septic system:
Brief description of Application:			
Has any soil testing been performed on the prop If yes, when and by whom? Signed: Owner or	•		Date
 Compliance with 19-13-B100a required Soils evaluation required 	Yes No	Permit to Cons structures prop	l required Yes No struct required (if accessory bosed) Yes No
APPROVAL: Approved:			
	-		IOB Yes I No I range for final inspection.
	Final I	nspection	
Final Inspection/Final Approval:		Sanitarian	Date
Remarks:			