



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: Street Address Lot Number 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

AHD 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, 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

## Check List for SSDS Design

1. Date.
2. Owner's name.
3. Property address.
4. Scale 1" = 40' or less.
5. Type of design, i.e., B100a, repair, alteration, etc.
6. Soil data written out on the plan.
7. Test holes and perc locations must be accurate.
8. Septic design, MLSS if applicable
9. MCR MLSS data needs to be clear.
10. Existing septic system on the plan.
11. Number of bedrooms: current and proposed.
12. Location of the house, driveway, accessory structures, walls, etc.
13. Wells (potable, irrigation, geothermal) or public water line
14. Nearby wells: show proper separation or say verified by self.
15. Location of the house sewer line.
16. Location and size of the septic tank.
17. Location and size of the pump chamber if applicable.
18. The location and description of the leaching system.
19. Property lines.
20. Open water courses & wetlands.
21. Ground and surface water drains.
22. Storm water drainage on site and neighbors.
23. Buried fuel tanks (check with owner).
24. Buried utilities must be shown on the plan.
25. Survey shall have contours or spot elevations.
26. Benchmark for installation must be provided.
27. Cross-section for installation must be provided.
28. Designers name and license number.

\*Failure to provide the necessary information will delay the review and/or approval for the septic design. A licensed septic installer or design engineer is responsible for providing and confirming the above-listed information.