

ASPETUCK HEALTH DISTRICT

Fee: \$285.00 Initials:

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

APPLICATION FOR A NEW HOUSE

DATE:	Owner's Name:							
PROPERTY ADDI	RESS:		Tel. No:					
	STREET	Town	ZIP					
NEW HOUSE:	No. of Bedrooms		No. of Bathrooms:					
	Finished Basement: Proposed Tubs more th		Finished Attic: ☐ Yes ☐ No Yes ☐ No					
WATER SUPPLY	: Public Water Private Well	☐ Yes ☐ ☐ Yes ☐	No No					
Footing drains Lawn irrigatior	required: Yes Proposed: Yes		ater treatment Proposed: Yes No eothermal wells proposed: Yes No					
Septic System	Design Engineer:			_				
Proposed Septic System: Tank Size Leaching								
OWNER OR DULY	Y AUTHORIZED REPRESENT	ATIVE (PRINT)						
Signed: Date: Owner or Duly Authorized Representative								
			Contact Email:	Contact Email:				
		AHD RI	EMARKS:					
CONDITIIONS:				_				
APPROVED:			Date:					
Septic As-built Well water app Well completion	oroved:	res <u>U</u> No Da	te: te: te:					
	TION:SANITARIAN		Date:					
FINAL REMARKS):							