

Fee is Non-Refundable
Application is Non-transferable

ASPETUCK HEALTH DISTRICT

APPLICATION TO CONSTRUCT, ALTER OR
REPAIR A SEWAGE DISPOSAL SYSTEM

- 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



Aspetuck Health District 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:..... Yes No
 Water treatment softener/filter Yes No
 Water supply:..... Well Public
 Fixtures in basement Yes No
 Other: _____

NON-RESIDENTIAL STRUCTURE:

Type (Store, Office, etc.): _____
 Design criteria: _____
LOT:
 Part of subdivision:..... Yes No
Subdiv. name: _____
 Date of approval: _____
 Lot size: _____

Public supply watershed. Yes No
 Public sewer access Yes No
 Wetlands..... Yes No
 Flood zone..... Yes No
 Footing drains..... Yes No
 Curtain drains..... Yes No
 Stormwater drywell..... Yes No

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: _____ Date _____ By: _____ Sanitarian's Signature _____

AHD Comments: **Test during Wet Season:** **Percolation Rate:** 1/10 1/20 1/30 1/45 1/60 **Area of Special Concern:** Yes No
Restrictive Layer: _____ inches **Engineering Design Required:** Yes No **MLSS (ft):** _____

DOCUMENTS NEEDED TO ISSUE PERMIT TO DISCHARGE

	Yes	No	Date Received	Initials
Sieve Analysis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Fill Percolation Rate.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
As BUILT of system.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Engineer's approval.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Well Permit.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Well Completion Report.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Water Analysis.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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.



CONTACT INFORMATION / OWNER AUTHORIZATION

Project Address: _____
Street Address/Project Location

_____ Town State Zip Code

Application(s) being submitted:	Description of Proposed Work:
_____	_____
_____	_____
_____	_____

Applicant's/Agent's Information: To be contact person regarding above applications (Applicant is Owner)

Name: _____ Phone# (____)_____-_____

Company _____

Mailing Address: _____
Street Address

_____ Town/City State Zip Code

Email: _____

Property Owner Authorization

I hereby declare the following:

1. That I am the Owner of the premises listed as *Project Address* above.
2. That the *Applicant/Agent*, listed above, is duly authorized on my behalf to execute the *Application(s)*, listed above, to obtain health approval(s) and permit(s) to commence construction of the *Proposed Work* described above.

_____	/ /	_____	/ /
Owner's Signature	Date	Applicant/Agent's Signature	Date

Owner's Information: Please include owner in all correspondence regarding above applications

Name: _____ Phone# (____)_____-_____

Company _____

Mailing Address: _____
Street Address

_____ Town/City State Zip Code

Email: _____