



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: _____ Westport Weston Easton
Lot and Street Address

Owner: _____ **Signature:** _____ **Telephone:** (____) _____

Authorized Agent: _____ **Signature:** _____ **Telephone:** (____) _____

Licensed Septic Installer: _____ **Signature:** _____ **Telephone:** (____) _____

Professional Engineer: _____ **Signature:** _____ **Telephone:** (____) _____

Contact Email: _____

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