



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

**Non-Refundable Fee:**  
**Approval Valid for One Year**

# 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 Address Lot Number

Owner: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_

Built By: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_

**Type of Tennis Court:** \_\_\_\_\_

**Drinking Water Supply:**  Public  Private

**Distance of Tennis Court from:**

Dwelling: \_\_\_\_\_ Water Course/Wetlands \_\_\_\_\_

Septic Tank: \_\_\_\_\_ Leaching Area: \_\_\_\_\_

Well: \_\_\_\_\_

**Drains:**  Yes  No

Distance of drains to septic system: \_\_\_\_\_

(Minimum separating distance is 25 feet. If drain down gradient from sub-surface sewage disposal system, then 50 feet.)

**Brief description of Application:** \_\_\_\_\_

Has any soil testing been performed on the property?  Yes  No

If yes, when and by whom? \_\_\_\_\_

**Signed:** \_\_\_\_\_  
Owner or Duly Authorized Representative Date

**AHD REMARKS:**

- Compliance with 19-13-B100a required.....  Yes  No
- SSDS proposal required .....  Yes  No
- Soils evaluation required.....  Yes  No
- Permit to Construct required (if accessory structures proposed) .....  Yes  No

**Conditions:** \_\_\_\_\_

**APPROVAL:** Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**FINAL AHD INSPECTION REQUIRED AT COMPLETION OF JOB** Yes  No   
It is the responsibility of the contractor or homeowner to arrange for final inspection.

**Final Inspection**

Final Inspection/Final Approval: \_\_\_\_\_  
Sanitarian Date

**Remarks:** \_\_\_\_\_

