



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

Non-Transferable
Approval Valid for One Year
Fee - \$220.00
Includes soil test & permit
Fee is Non-Refundable

**APPLICATION TO INSTALL DRAINAGE FOR A
 WATER TREATMENT DISPOSAL SYSTEM**

Location: _____ Westport Weston Easton
 Owner: _____ Address: _____
 Installer: _____ Lic. No: _____ Tel: (_____) _____
 Email: _____

In accordance with Chapter 3 of the Health District Sanitary Code, I request an approval to install drainage for a water treatment disposal system. No work is to begin until the approval to construct is signed by the sanitarian or Director of Health. An inspection of this work is required.

In the space below, sketch the proposed drainage system. Show the existing well and the septic system.

Type of water softener: _____
 # of Bedrooms: _____
 Daily flow (bedrooms x 150 GPD): _____
 Anticipated backwash flow: _____

North Indicated

Installer's Signature: _____ Date: _____

Permit to Install Issued: _____ Date: _____
 Sanitarian Signature

Final Inspection Approved _____ Date: _____
 Sanitarian Signature