



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880
T: 203-227-9571 F: 203-221-7199 W: www.aspetuckhd.org

Non-Transferable/Non-Refundable
Approval Valid for One Year
Fee \$250.00
Includes soil test & permit

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