ASPETUCK HEALTH DISTRICT
Serving Easton, Weston & Westport

APPLICATION TO CONSTRUCT, ALTER OR REPAIR A SEWAGE DISPOSAL SYSTEM

Type of Application

NEW $535 ☐ **B100a REVIEW $200** ☐ **REPAIR/ALTERATION W/LEACHING $410** ☐
REPAIR/ALTERATION TANK ONLY $260 ☐ **REVISION** ☐ **DATE:**_____
Fees are non-refundable/non-transferrable

3 Detailed scaled plans must be submitted with this application. 2 Detailed scaled plans for B100 only.
Data acceptable with the Director of Health must be on file at the Health District.

Installer: ☐ **Professional Engineer:** ☐ **Plan Prepared By:**_____

Location:

_____
Street Address **Lot Number** **Town**

_____
Owner **Owner's Address** **Phone:** **Email**

_____
Print Name of owner or authorized agent **Signature of owner or authorized agent** **Date**

RESIDENTIAL STRUCTURE
Age of Structure:_____
# of Bedrooms:_____
Tubs >99 gal. overflow:_____
Garbage Disposal: Y / N
Water treatment softener/filter: Y / N
Water Supply: Well Y / N Public Y / N
Fixture in basement: Y / N
Other:_____

NON-RESIDENTIAL STRUCTURE
Type (store, office, etc.):_____
Design Criteria:_____
LOT
Part of subdivision: Y / N
Subdivision Name:
_____
Lot size:_____
Approval Date:_____

Public sewer access: Y / N
Wetlands: Y / N
Footing drains: Y / N
Curtain drains: Y / N
Stormwater drywell: Y / N

System consists of: _____and_____
Tank Size/Pump Chamber Leaching Area: Description/Lineal Ft./Sq. Ft.
Licensed Installer:_____
Print Name Signature License #

For Health District Use Only-Do Not Write Below This Line

Plan Reviewed By:_____Sanitarian Signature:_____Date Approved:_____
Restrictive Layer:_____inches MLSS:_____feet Perc. Rate: 1/10 ☐ 1/20 ☐ 1/30 ☐ 1/45 ☐ 1/60 ☐

Documents Needed to Issue Permit to Discharge:

	Date Received	Initials
Sieve Analysis Y / N		
Fill Perc. Rate Y / N		
As-Built of System Y / N		
Engineer's Approval Y / N		
Well Permit Y / N		
Well Completion Report Y / N		
Water Analysis Y / N		

Conditions:

Approval to construct: Y N Date:_____

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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. NCR 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 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.

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SEWAGE DISPOSAL INSPECTION REPORT

LOCATION:

ADDRESS **TOWN**

INSTALLER:

INSPECTION/REMARKS **NAME AND DATE**

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CONTACT INFORMATION/OWNER AUTHORIZATION

PROJECT ADDRESS:

_____

Street Address/Project Location Town

Application(s) Being Submitted:

_____

_____

_____

Description of Proposed Work:

_____

_____

_____

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

Name: _____

Company: _____

Mailing Address: _____

Street Address Town/City State Zip

Email: _____ Phone: _____

Property Owner Authorization:

I hereby declare the following:

1. That I am the owner of the premises listed as Project Address above.
2. Thate 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's/Agent's Signature _____ Date _____

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

Name: _____

Company: _____

Mailing Address: _____

Street Address Town/City State Zip

Email: _____ Phone: _____