



Aspetuck Health District 180 Bayberry Lane Westport, Connecticut 06880
T: 203.227.9571 F: 203.221.7199 W: www.aspetuckhd.org

APPLICATION FOR A NEW HOUSE

**Fee \$320.00
Non-refundable**

DATE: _____ OWNER'S NAME: _____

PROPERTY ADDRESS: _____ TEL. NO: _____
STREET TOWN ZIP

NEW HOUSE: No. of Bedrooms _____ No. of Bathrooms: _____

Finished Basement: Yes No Finished Attic: Yes No

Proposed Tubs more than 99 gallons: Yes No

WATER SUPPLY: Public Water Yes No
Private Well Yes No

Footing drains required: Yes No

Water treatment Proposed: Yes No

Lawn irrigation Proposed: Yes No

Geothermal wells proposed: Yes No

Septic System Design Engineer: _____

Proposed Septic System: _____
Tank Size Leaching

OWNER OR DULY AUTHORIZED REPRESENTATIVE (PRINT) _____

Signed: _____ Date: _____
Owner or Duly Authorized Representative

Contact Telephone No: _____ Contact Email: _____

AHD REMARKS:

CONDITIONS: _____

APPROVED: _____ **Date:** _____

Septic As-built received: YES NO **Date:** _____
Well Water approved: YES NO **Date:** _____
Well completion report received YES NO **Date:** _____

FINAL INSPECTION: _____ **Date:** _____
SANITARIAN

FINAL REMARKS: _____

