



NO INCOMPLETE APPLICATIONS WILL BE ACCEPTED

HOW TO FILL OUT THE SEWAGE DISPOSAL SYSTEM INSPECTION APPLICATION

Prior to filling out the application, AHD recommends completing a file search for the property as-built

Incomplete applications will not be accepted

Completed applications include a filled-out application and any required supplemental documents.

- Fill out all sections regarding the Location of the property
- Property owner **shall print and sign** the top of the application.
- If the applicant is the Authorized Agent, they **shall print and sign** the top of the application.
- The contractor conducting the inspection (Professional Engineer or Licensed Septic Installer) **shall print and sign** the top of the application.
 - Contractor signatures are required to prove the contractor of record will be on site completing the inspection.
- Information on the size/type of existing septic system **shall be filled out** by the applicant prior to submitting the application.
 - Information on the size/type of system installed is found on the septic system as-built.
 - If no as-built or permit to discharge exists, the contractor shall write “TBD at time of inspection”.

Remaining lines on application:

- Condition of inlet and outlet baffles:
 - This section will be left blank and filled out on site, at the time of the inspection.
- Outlet filter clean, if applicable:
 - This section will be left blank and filled out on site, at the time of the inspection.
- Liquid level in Tank:
 - This section will be left blank and filled out on site, at the time of the inspection.
- D-Boxes uncovered/condition:
 - This section will be left blank and filled out on site, at the time of the inspection.
- Leaching system condition:
 - This section will be left blank and filled out on site, at the time of the inspection.

Everything below the thick black line must be left blank and will be filled out onsite during the inspection.

Once the application has been filled out, ensure that you are submitting the proper supplemental documentation below.

1. Provide **a completed owner authorization form**- including property owner email/phone.



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880

T: 203-227-9571 F: 203-221-7199 W: www.aspetuckhd.org

Fee \$180.00
Fee is non-refundable/non-transferable

SEWAGE DISPOSAL SYSTEM INSPECTION

Location: _____			
_____	Lot and Street Address	_____	Town
_____	_____	_____	Zip
Owner: _____	Signature: _____	_____	Date: _____
Authorized Agent: _____	Signature: _____	_____	Date: _____
Licensed Septic Installer: _____	Signature: _____	_____	Date: _____
Professional Engineer: _____	Signature: _____	_____	Date: _____

SEWAGE DISPOSAL SYSTEM COMPONENTS TO BE INSPECTED

Tank size and leaching: _____ Year Installed: _____

Condition of inlet and outlet baffles: _____

Outlet filter clean, if applicable: _____

Liquid level in tank: _____

D-boxes uncovered/condition: _____

Leaching system condition: _____

Water softener discharge into the sewage system: Yes No

Leaking fixtures in home: Yes No

Garbage disposal used: Yes No

AHD Remarks

SIGNATURE OF SANITARIAN:

Date of Inspection