



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

Fee: \$275 non-refundable

INSTRUCTIONS FOR COMPLETING AN APPLICATION TO CONTRUCT A TENNIS/SPORTS COURT

- A. Please complete one (1) copy of the application form.
- B. Attach the following to the application:
 1. Two (2) copies of survey (plot plan) drawn to scale showing North direction with an arrow and
 - a. Location and size of septic tank,
 - b. Location and size of leaching area,
 - c. Well, if applicable,
 - d. Water course or wetland area,
 - e. Proposed location of tennis court, and drains, if applicable.
 2. Check payable to *Aspetuck Health District* in the amount of **\$275.00**.
- C. Upon completion and submission of above, an appointment will be scheduled with a sanitarian for review, if necessary.

NOTICE

All plans for building enlargement, swimming pool installation, sewage system alterations, etc., must show the location and size of the septic tank. If not available from previous records, the size and location are to be determined by measurement by a Sanitarian of the Aspetuck Health District.

To obtain the size of the tank, the cover top corners are to be exposed for measurement of length and width, and the manhole cover removed to measure the depth.

A statement as to size from a septic tank pumping firm will not be accepted.

If a public sanitary sewer is available for connection at the site, Aspetuck Health District may require that a connection be made before any approvals are granted. *Health District Sanitary Code*, Section 3.3 (d) and (e).

Fee \$275.00 non-refundable
Valid for one year



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

APPLICATION FOR REVIEW OF PLANS FOR PROPOSED TENNIS/SPORT COURT

Please TYPE or PRINT. Complete all items to bold line. TWO copies of plot plan must be submitted with this application.

Location: _____ Westport Weston Easton
Street Address Lot Number

Owner: _____ Address: _____ Tel: () _____

Built By: _____ Address: _____ Tel: () _____

Contact Name: _____ Contact Email: _____ Tel: () _____

Type of Tennis Court:
Drinking Water
Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Distance of Tennis Court from:
Dwelling: _____ Water Course/Wetlands _____
Septic Tank: _____ Leaching Area: _____
Well: _____

Drains: <input type="checkbox"/> Yes <input type="checkbox"/> No
Distance of drains to septic system: _____
(Minimum separating distance is 25 feet. If drain down gradient from sub-surface sewage disposal system, then 50 feet.)

Brief description of Application:

Has any soil testing been performed on the property? Yes No
If yes, when and by whom?

Signed: _____ Date: _____

AHD REMARKS:

- Compliance with 19-13-B100a required ..Yes No
- SSDS proposal required Yes No
- Soils evaluation required..... Yes No
- Permit to Construct required (if accessory structures proposed) Yes No

Conditions:

Approved: _____ Date: _____

FINAL AHD INSPECTION REQUIRED AT COMPLETION OF JOB Yes <input type="checkbox"/> No <input type="checkbox"/>
It is the responsibility of the contractor or homeowner to arrange for final inspection.

Final Inspection

Final Inspection/Final Approval:
Sanitarian: _____ Date: _____

Remarks:
