



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

**Non-Transferable/Non-Refundable**  
**Approval Valid for One Year**  
**Fee \$255.00**  
**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