

NO INCOMPLETE APPLICATIONS WILL BE ACCEPTED

HOW TO FILL OUT THE APPLICATION TO CONSTRUCT, ALTER OR REPAIR A SEWAGE DISPOSAL SYSTEM

Select the type of application in the top right corner. (New septic system, repair/alteration w/ leaching, repair/alteration tank only, B100a review, Plan change)

Applicant must fill out all sections of the contact information (emails and phone numbers are required).

Residential Structure section: *(Only filled out for residential structures)* i.e. Single-family house, multifamily house, Accessory Dwelling Unit, Pool house with full bath.

- List the approximate age of the dwelling. **(do not leave blank)**
- List the existing number of bedrooms in the dwelling. **(do not leave blank)**
 - If the design plan is for B100a compliance or a project proposes adding bedrooms, list the **total number of proposed bedrooms**.
- List the number of existing or proposed bathtubs over 99 gallons. **(do not leave blank)**
- Check the box, yes or no, for an existing garbage disposal. **(do not leave blank)**
 - *Note: garbage disposals are prohibited per AHD's Sanitary code; existing disposals must be removed.*
- Check the box for Water Treatment/softener or filter. **(do not leave blank)**
 - *note: CT Public Health Code prohibits discharges from mostwater treatment devices into a septic system*
- What is the water supply for the dwelling? Well or Public Water? **(do not leave blank)**
- Are there any fixtures in the basement or lowest level of the dwelling? **(do not leave blank)**

Non- residential Structure Section: *(only filled out when the septic system is serving a non-residential structure) i.e. Store, Office building, School, Church.*

- Define the non-residential structure- what is the proposed use?
- What is the design criteria used? I.e. Design flow in Gallons per Day.
- Is the project a part of a subdivision? List the name, lot size, and date of subdivision approval.

Box #3, right most box. - ALL INFORMATION IN THIS BOX IS REQUIRED AND CHECKBOXES MUST NOT BE BLANK.

- Is the property located within a public water supply water shed?
 - Information available here: <https://portal.ct.gov/dph/drinking-water/dws/public-water-supply-map> (only add layer for Drinking Water Watershed).
- Is public Sewer available to the property? (Only available in Westport).
 - Inquire with the Town for sewer availability with the Town's Public Works or Engineering Departments.
- Are there wetlands present on the property? **NOTE: If wetland, Conservation/Land Use department must be contacted by applicant.**
- Is the property within a Flood Zone?
- **Are there footing drains present around the structure? Are footing drains proposed around the structure?**
 - if unknown, the applicant should ask their engineer, contractor, or architect.
 - If still unknown, assume "yes".

- **Are curtain drains present for the structure? Are curtain drains proposed around the septic system?**
 - If unknown, the applicant should ask their engineer or licensed septic installer.
- Are stormwater drywells existing on the property? Are stormwater drywells proposed anywhere on the property?

“System consists of” Section: Applicant is to list the proposed components of the septic system as per the design plan. This section pertains to septic system components that are being proposed by a B100a design plan, septic repair plan, or new septic plan, as prepared by a Licensed Septic Installer or Professional Engineer. *Do not fill out this section with the existing septic system components unless they will remain.*

- Example: 1250-gallon septic tank AND existing galleries.
- Example: 1500-gallon septic tank, 1000-gallon pump chamber AND 85 Lineal Feet of GST 6218.
- Example: Existing 1250-gallon septic tank AND 75 linear feet GLF 12.72.

*If the project proposes to install a component of a septic system, a licensed septic installer must sign and date the application prior to issuance of a permit to construct.

**3 copies of the design plan to scale must be submitted with the application.



APPLICATION TO CONSTRUCT, ALTER OR REPAIR A SEWAGE DISPOSAL SYSTEM

Type of Application

NEW \$550 ☐ B100a REVIEW \$205 ☐ REPAIR/ALTERATION W/LEACHING \$420 ☐
REPAIR/ALTERATION TANK ONLY \$265 ☐ REVISION \$210 ☐ DATE OF PLAN: _____

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
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Owner	Owner's Address	Phone:	Email
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Print Name of owner or authorized agent	Signature of owner or authorized agent	Date
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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 ****If YES, contact Conservation/Land Use department in town*****
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:

	<u>Date Received</u>	<u>Initials</u>
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: _____

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.

SEWAGE DISPOSAL INSPECTION REPORT

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. That 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: _____