

Form #1 Technical Standards for Subsurface Sewage Disposal Systems

APPLICATION FOR APPROVAL TO CONSTRUCT A SUBSURFACE SEWAGE DISPOSAL SYSTEM

Application/Permit #: _____

To the Director of Health, Town of: _____ Date: _____

Application is hereby made for an approval to construct a subsurface sewage disposal system for a:

_____ (Residential Building, Restaurant, Retail Building, etc.)

located at: _____ (Street Address, Lot Number, Subdivision Name, Map, Block, Lot, etc.)

New System _____ Addition _____ Repair _____ Other _____

Owner _____ Address _____ Tel.No. _____

Installer _____ Address _____ Tel.No. _____

Installer License No. _____

In accordance with detailed information stated below:

Application fee paid _____ Signed _____ (Owner or duly authorized representative)

GENERAL INFORMATION

Soil Tests Conducted (Date): _____ Lot size _____ sq.ft.

Area of Special Concern (Y/N): _____ If yes, Reason(s): _____

Basis of Design (# of Bedrooms, Restaurant Seats, Building Size, etc): _____

Engineered Plan Required (Y/N): _____ If yes, Name of Engineer: _____

Address of Engineer: _____

Design Plan Approved (Y/N): _____ Date of Approved Plan: _____ Revision Date: _____

Type of Water Supply _____ If well, has location been approved (Y/N): _____

Well Driller's Name: _____ Address: _____

OFFICE USE ONLY

Approval to Construct is hereby issued by: _____ Date: _____

(Print Name)

Signature: _____ Title: _____

Note: Approvals to Construct can only be issued by the Local Director of Health or Registered Sanitarian

Form #2

Technical Standards for Subsurface Sewage Disposal Systems

SITE INVESTIGATION FOR A SUBSURFACE SEWAGE DISPOSAL SYSTEM

Property Owner _____ Location _____ Application/Permit #: _____

DEEP TEST PIT DATA/SOIL DESCRIPTIONS

DATE: _____ (Record all Test Pits)

TEST PIT:	TEST PIT:	TEST PIT:	TEST PIT:
Mottles:	Mottles:	Mottles:	Mottles:
GW:	GW:	GW:	GW:
Ledge:	Ledge:	Ledge:	Ledge:
Roots:	Roots:	Roots:	Roots:
Restrictive:	Restrictive:	Restrictive:	Restrictive:

COMMENTS: _____

GROUNDWATER TABLE (Near max., below max., etc.) _____

SOIL MOISTURE (High, medium, low, etc): _____

PERCOLATION TEST DATA

DATE: _____ (Record all Perc Tests)

PERC:		PERC:		PERC:		PERC:	
DEPTH:		DEPTH:		DEPTH:		DEPTH:	
PRESOAK:		PRESOAK:		PRESOAK:		PRESOAK:	
TIME	READING	TIME	READING	TIME	READING	TIME	READING
PERC RATE:		PERC RATE:		PERC RATE:		PERC RATE:	

COMMENTS: _____

SITE INVESTIGATION FOR A SUBSURFACE SEWAGE DISPOSAL SYSTEM

LOCATION DRAWING INCLUDING ALL TEST PITS AND PERCOLATION HOLES

SPECIAL CONDITIONS		CONCLUSIONS	
Design Flow > 2000 GPD		Suitable for Sewage Disposal	
Public Water Supply Watershed		Unsuitable for Sewage Disposal	
Probable High Groundwater		Additional Investigation Req'd	
Slope > 25 percent		Wet Season Monitoring Req'd	
Perc Rate < 1 min/inch		Retest During Wet Season	
Perc Rate > 30 min/inch		Licensed Engineer Plan Req'd	
Ledge < 5 feet below grade		Other:	
Limited Suitable Area			
Open Watercourse or Wetlands			
Flood Plain / Seasonal Flooding			
Max. G.W. < 36 inches below grade			

DESIGN RECOMMENDATIONS/COMMENTS

Form completed by: _____
 (Certified Local Health Agent or P.E.)

Accuracy assured by (If P.E. completed form): _____
 (Certified Local Health Agent)

Others present for site investigation (Engineer, developer, installer etc.): _____

Application/Permit #: _____

Final Inspection Report

Local Health Department: _____

Property Owner: _____

Property Address: _____

Town: _____

Licensed Installer: _____

License #: _____

Approved Plan Information

Check one: New System

Repair/Replacement System

Residential Building: _____ bedrooms

Large Tub: YES NO

Garbage Disposal: YES NO

Non residential Building/Residential Institution: _____

GPD

Plan Prepared by: _____

Title: _____

Plan Approved by: _____

Date: _____

Approval to Construct

Date Permit Issued: _____

Permit Issued by: _____

Registered Sanitarian or Director of Health

Inspection Information

Type	Date	Licensed Installer Present? Yes/No	Comments
Stake Inspection (house, well, property lines, system etc.)			
Strip/Scarification			
Select Fill Placement			Sieve required (Yes/No)
Other:			
Final Inspection			

Was 24 Hour (min) Installer Notice Given : YES NO

Date Final Inspection Requested: _____

Final Inspection Completed by: _____

Date of As-Built

Approval: _____

Permit to Discharge Issued by: _____

Date: _____

Registered Sanitarian or Director of Health

Final Inspection Report

House Sewer Information

Pipe Type and ASTM Specification: _____ Pipe Size: _____ in.

Pipe Invert Elevations at: _____ Pipe Length: _____ ft.

Foundation Wall: _____ Pitch Required: _____

Septic Tank: _____ Pitch Provided: _____

Tank Information

Septic Tank Size : _____ Gallons Tank Inlet Elevation: _____

Tank Manufacturer: _____ Tank Outlet Elevation: _____

Date Manufactured: _____ Riser Needed (Y/N): _____

Outlet Filter Type: _____ Outlet Filter Manufacturer: _____

Other: _____

Pump Chamber Size: _____ Gallons Pump Alarm Checked (Y/N): _____

Pump Chamber Manufacturer: _____ Float Control Elevation Verified (Y/N): _____

Grease Interceptor Tank Size: _____ Gallons Grease Interceptor Tank Manufacturer: _____

Leaching System Information

Approved Aggregate: Stone Tire Chip Aggregate Free of silt dirt and debris (Y/N): _____
Check one

Filter Fabric Present (Y/N): _____ Aggregate Meets PHC Specifications (Y/N): _____

Select Fill: N/A Meets PHC Specifications (Y/N): _____ Sieve Information on File (Y/N): _____

Leaching System Description: _____
(leaching product, size, length, number of rows/trenches, level or serial distribution. etc.) _____

Effective Leaching Area Required: _____ sq. ft. Reserve Area Provided (N/A, Y/N): _____

Effective Leaching Area Provided: _____ sq. ft. Center to Center Spacing: _____ ft.

System Installed Per Approved Plan Elevations (Y/N): _____ Curtain Drain Required (Y/N): _____

If No to above, Were Separation Distances to Restrictive Layers Verified (Y/N): _____

Separation Distances

Separation Distances Conform with Approved Plan (Y/N): _____

If No, Separation Distances Meet Requirements of Table No. 1 (Y/N): _____

Form #4

Technical Standards for Subsurface Sewage Disposal Systems

PERMIT TO DISCHARGE

Approval is hereby given to _____, in accordance with Public
(Property Owner)
Health Code Section 19-13-B103e (h) to discharge to a subsurface sewage disposal system located at

(Street Address)
in the town of _____, CT that will receive domestic sewage from a:

- Residential building containing _____ bedrooms. Single family (Y/N): ____.
- Restaurant containing _____ seats.
- Commercial/Office building providing _____ square feet.
- Other structure as described: _____.

Permitted Volume / Design Flow = _____ gallons per day. Note: The design flow must be limited accordingly for any repaired system that has an undersized leaching system or where the naturally occurring soil has limited hydraulic capacity based on MLSS non-compliance.

In order to provide a sufficient factor of safety it is recommended that the average daily discharge not exceed 2/3 of the design flow or _____ gallons per day.

Operation and Maintenance: The septic tank shall be inspected regularly and cleaned as needed but not less frequently than every five years. The septic tank has an effluent filter (Y/N) _____. Effluent filters require periodic cleaning. Failure to clean the filter could result in a backup of sewage into the building or effluent breakout. Restaurants serviced by external grease interceptor tank(s) require quarterly inspections and cleaning as necessary. Tank pump-outs tracked by local health department (Y/N) _____. If yes, stipulate pump-out requirements: _____.

Special Requirements and Restrictions: 1. Wastewater from water treatment systems cannot discharge to the subsurface sewage disposal system. 2. Signs of system malfunction or failure should be addressed.

Exceptions (Repairs Only): _____

File Information: Construction Permit No. _____. Approved as-built on file (Y/N) _____.

Date of Final Inspection: _____ Inspected By: _____

Permit Issuance: Issued by: _____ Title: _____
(Director of Health or Registered Sanitarian)

Signature: _____ Date: _____

Permit expiration date (5 years from issuance date): _____