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

Application/Permit #: _____

Property Owner_____ Location_____

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: _____

Form #2 (Cont'd) Technical Standards for Subsurface Sewage Disposal Systems

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.):

_____

_____

Special Conditions	
Design Flow > 2000 GPD	
Public Water Supply Watershed	
Probable High Ground Water	
Slope > 25 Percent	
Perc Rate < 1 min/inch	
Perc Rate > 30 min/inch	
Ledge < 5 feet Below Grade	
Limited Suitable Area	
Open Watercourse or Wetland	
Flood Plain/Seasonal Flooding	
G.W. < 36 inches Below Grade	
Conclusions	
Suitable for Sewage Disposal	
Unsuitable for Sewage Disposal	
Additional Investigation Required	
Wet Season Monitoring Required	
Retest During Wet Season	
Licensed Engineer Plan Required	
Other:	

Location Drawing

Design Requirements:

Percolation Test Data

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:	

SITE INVESTIGATION FOR A SUBSURFACE SEWAGE DISPOSAL SYSTEM

Location: _____ Weather: _____

Percent Slope: _____ Parent Material: _____ Date: _____ Time: _____

Completed by: _____ Accuracy Assured by (if P.E. completed form): _____

P.E. or Certified Local Health Agent — Certified Local Health Agent

Others Present for Site Investigation: _____

(Installer, Developer, P.E., etc.)

Test Pit #: Depth to Observed Ground-Water (inches): Weeping: Standing: Observed Ledge:

Soil Horizon	Depth (inches)	Matrix Color (moist)	Redoximorphic Features			Soil Texture (USDA)	Gravel Percent	Soil Consistence	Roots	Other
			Depth	Color	%					

Test Pit #: Depth to Observed Ground-Water (inches): Weeping: Standing: Observed Ledge:

Soil Horizon	Depth (inches)	Matrix Color (moist)	Redoximorphic Features			Soil Texture (USDA)	Gravel Percent	Soil Consistence	Roots	Other
			Depth	Color	%					

Test Pit #: Depth to Observed Ground-Water (inches): Weeping: Standing: Observed Ledge:

Soil Horizon	Depth (inches)	Matrix Color (moist)	Redoximorphic Features			Soil Texture (USDA)	Gravel Percent	Soil Consistence	Roots	Other
			Depth	Color	%					

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): _____

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

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):_____