



# Housatonic Valley Health District Septic Application for Plan Approval

The undersigned hereby applies for a plan approval to install or repair a sewage disposal system which will include a:

Septic Tank  Leaching System  Pump Chamber  Grease Trap  Curtain Drain

Location \_\_\_\_\_  
Street # \_\_\_\_\_ Street Name \_\_\_\_\_

Assessor Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_

Owner(s) of Record \_\_\_\_\_

Mailing Address \_\_\_\_\_

Installer \_\_\_\_\_ License # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_

### GENERAL INFORMATION

Check or answer all that apply

Residential Number of Bedrooms \_\_\_\_\_

Commercial/Industrial Design Criteria \_\_\_\_\_

Water Supply:  New  Existing Type: \_\_\_\_\_  Buried Oil Tank

Wetland or watercourse within 100 feet of septic area. **If so, silt fence must be installed.**

Swimming Pool  Above Ground  Below Ground

Jacuzzi/Whirlpool Capacity in Gallons: \_\_\_\_\_

Curtain Drain  Foundation Drains

Basement Plumbing Fixtures Type: \_\_\_\_\_

Deck  Attached  Detached Structures (barn, shed, etc.)

Property Distance to nearest public water supply connection (if less than 200 feet) \_\_\_\_\_

Easement/Deed Restrictions  Yes  No

### NEW CONSTRUCTION ONLY

I propose to dispose of building debris and stumps, which result from development of this property in the follow manner:  
(burial in not a disposal option ) \_\_\_\_\_

The applicant understands that all records of the Housatonic Valley Health District are public and that the results of any tests conducted by the District may be viewed upon request. The applicant also must obtain a Connecticut licensed subsurface sewage disposal system installer before performing the work. It is also understood that a sewage disposal system permit is valid for a period of one year from the date of issuance and shall expire upon failure to start construction within that period.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

INSTALLER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# PLAN REVIEW CHECK LIST – NON-ENGINEERED SYSTEMS

NAME \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

LOCATION \_\_\_\_\_ LOT # \_\_\_\_\_

- Plot plan/diagram of lot showing dimensions of property lines
- Location of house and driveway
- Septic tank location, size and manufacture
- Building sewer line to septic tank and length of sewer line
- If applicable, pump chamber location, size distance between float
- Leaching system layout (*trenches, pits, bed or galleries with leaching lengths, depth and on-center dimensions*)
- Bottom of leaching system 18 inches above maximum ground water \_\_\_ 4 feet above ledge rock \_\_\_
- Computation of leaching area provided. *Example: 165 lineal ft of 3 ft. wide leaching trench = 495 sq. ft.*
- Location of effluent distribution piping and boxes – serial distribution \_\_\_ level system \_\_\_
- If applicable, amount of fill showing simple cross section of leaching system and fill
- Written description of required leaching area by code and basis of design whether residential or commercial / retail. Large capacity discharging – type bathtub?

*Examples: 4 BR house, 5 min. / inch perc / = .500 square ft.  
 30 employees x 30 GPD per employee = 600 GPD / 1.6  
 10 minute per. = 375 square ft.*

- Location of any ledge rock outcroppings, wet surface area, old bury holes, filled-in foundations, etc.
- Well location or water service lines on property with distance noted to septic system
- MLSS calculation included on plan and acceptable
- Curtain drain required \_\_\_\_. Depth of drain, location and discharge if applicable.
- Location of footing drain discharges, storm drains in roads, streams, brooks, drainage swales, or other watercourses.
- Location of any existing structures on same lot (*i.e. sheds, barns, etc. and location of houses and other structures on adjacent lots*)
- Location of attached decks
- Location of buried oil tanks
- Location of reserve area and layout of leaching system
- List of all variances required
- Necessary letters of variance received or sign off letter from owner obtained
- Building plans submitted \_\_\_ # of bedrooms or possible bedrooms (*with closet and / or bathroom*)  
 Total square feet of house \_\_\_\_\_. Leaking of any fixtures

COMMENTS:

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## DISTRICT USE ONLY

New    Repair    Plan Approved: Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Fee Amount: \_\_\_\_\_ Check# \_\_\_\_\_ Date Received: \_\_\_\_\_

NOTES: \_\_\_\_\_

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**ALL APPLICATION FEES ARE NON-REFUNDABLE**