

WASHINGTON HEALTH DEPARTMENT
SEPTIC APPLICATION FOR PLAN APPROVAL AND PERMIT TO CONSTRUCT

Please see fee schedule on reverse side - checks payable to Town of Washington

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

- Septic Tank Leaching System Pump Chamber Grease Trap Curtain Drain Wastewater Treatment System

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
 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 is not a disposal option): _____

The applicant understands that all records of the Washington Health Department are public and that the results of any tests conducted by the Department 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 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:

HEALTH DEPARTMENT USE ONLY

New Repair Building Plan Reviewed Approved: Date: _____

Total Fees Paid: \$ _____ Check#: _____ Date: _____

Soil Testing \$50 Eng. Plan Review \$25 1st/\$15 add'l New Septic \$100 Septic Replaced \$75

Septic Repair \$25 Please confirm commercial/multi-family fees prior to submission

Septic Permit Approved Date: _____ Permit # _____

Well Permit Approved Date: _____ Permit # _____

Completion Report Rec'd. Date: _____ Water Analysis Rec'd. Date: _____

Final As-built Rec'd Date: _____

Permit to Discharge Approved Date: _____