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 □

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<thead>
<tr>
<th>Location</th>
<th>Street #</th>
<th>Street Name</th>
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<tbody>
<tr>
<td>Assessor Map</td>
<td>Block</td>
<td>Lot</td>
</tr>
<tr>
<td>Owner(s) of Record</td>
<td>License #</td>
<td>Phone #</td>
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<tr>
<td>Mailing Address</td>
<td>Installer</td>
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<td>Mailing Address</td>
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GENERAL INFORMATION

Check or answer all that apply:

- Residential □
- Commercial/Industrial □
- Number of Bedrooms: 
- Design Criteria: 
- Water Supply □ New □ Existing Type: □ Buried Oil Tank □ Below Ground
- □ Swimming Pool □ Above 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 following manner (alternatives should be listed):

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 minutes 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: __________________