



**WESTPORT WESTON HEALTH DISTRICT**  
**APPLICATION TO CONSTRUCT, ALTER OR**  
**REPAIR A SEWAGE DISPOSAL SYSTEM**

**Fee is Non-Refundable**  
 Application is Non-transferable  
 NEW ..... \$400.00  
 REPAIR ..... \$200.00  
 B-100A REVIEW ..... \$125.00  
 PLAN CHANGE FEE ..... \$100.00

Please TYPE or PRINT.

Two copies of detailed scaled plans must be submitted with this application. Soil test data, acceptable to the Director of Health, must be on file at the Health District.

**Plans Prepared by:**

Installer     Professional Engineer

**Sewage Failure Confirmed (Describe:)** \_\_\_\_\_  
 \_\_\_\_\_ **Date:** \_\_\_\_\_ **Sanitarian Initials:** \_\_\_\_\_

**Location:** \_\_\_\_\_  Westport  Weston

Street Address \_\_\_\_\_ Lot Number \_\_\_\_\_  
 Owner: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

PRINT Name of owner or duly authorized agent

Signature of owner or duly authorized agent

Date

**RESIDENTIAL STRUCTURE:**

Age of structure (years) ..... \_\_\_\_\_  
 No. of bedrooms: ..... \_\_\_\_\_  
 No. tubs greater than 99 gal. overflow: \_\_\_\_  
 Garbage disposal:.....  Yes  No  
 Water treatment softener/filter  Yes  No  
 Water supply:.....  Well  Public  
 Fixtures in basement ....  Yes  No  
 Other: \_\_\_\_\_

**NON-RESIDENTIAL STRUCTURE:**

Type (Store, Office, etc.): \_\_\_\_\_  
 Design criteria: \_\_\_\_\_  
**LOT:**  
 Part of subdivision:.....  Yes  No  
**Subdiv. name:** \_\_\_\_\_  
 \_\_\_\_\_  
 Date of approval: \_\_\_\_\_  
 Lot size: \_\_\_\_\_

Public supply watershed  Yes  No  
 Public sewer access .....  Yes  No  
 Wetlands.....  Yes  No  
 Flood zone.....  Yes  No  
 Footing drains .....  Yes  No  
 Curtain drains .....  Yes  No  
 Stormwater drywell .....  Yes  No

System to consist of: \_\_\_\_\_ and \_\_\_\_\_  
 Septic Tank Size/Pump Chamber \_\_\_\_\_ Leaching Area: Description / LINEAL Feet / SQ. FT. \_\_\_\_\_

Licensed

Installer: \_\_\_\_\_ Name (PRINT) \_\_\_\_\_ Signature License \_\_\_\_\_ No. \_\_\_\_\_ Date \_\_\_\_\_

**For Health District Use Only — Do Not Write Below this Line**

Plan reviewed by: \_\_\_\_\_ Approved: \_\_\_\_\_ By: \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_ Sanitarian's Signature \_\_\_\_\_

WWHD | *Test during Wet Season:*  *Percolation Rate:*  1/10  1/20  1/30  1/45  1/60 *Area of Special Concern:*  Yes  No  
 Comments: *Restrictive Layer:* \_\_\_\_\_ inches *Engineering Design Required:*  Yes  No *MLSS (ft):* \_\_\_\_\_

**DOCUMENTS NEEDED TO ISSUE PERMIT TO DISCHARGE**

	Yes	No	Date Received	Initials
Sieve Analysis .....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Fill Percolation Rate.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
As BUILT of system .....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Engineer's approval.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Well Permit.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Well Completion Report.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Water Analysis.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Conditions:**

**Approval to construct by:** \_\_\_\_\_  
 \_\_\_\_\_ Sanitarian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Created:** \_\_\_\_\_  
 \_\_\_\_\_ Date / Initials \_\_\_\_\_

**Permit to Discharge by:** \_\_\_\_\_  
 \_\_\_\_\_ Sanitarian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Created:** \_\_\_\_\_  
 \_\_\_\_\_ Date / Initials \_\_\_\_\_

