

Date: _____ APPLICATION #: _____

Fee: _____

APPLICATION FOR APPROVALS TO CONSTRUCT/REPAIR SEPTIC SYSTEM

Note: TWO (2) Sets of scaled drawings of the proposed Sub-surface Sewage Disposal System must be submitted at the time of this Application is submitted, unless such septic plans have been previously submitted and approvals have been received.

PROPERTY ADDRESS: _____

Owner's Name: _____ Owner's Phone #: _____

Applicant's Name: _____ Applicant's Phone #: _____

Applicant's Address: _____ Applicant's Fax #: _____

Applicant's E-Mail Address: _____ Applicant's License No. _____

Type of System: _____
(Residential, Restaurant, Retail Building, etc.)

NUMBER OF BEDROOMS: _____ DESIGN FLOW (GPD): _____

NEW: _____ REPAIR: _____ REASON FOR REPAIR: _____

Garbage Disposal: YES: _____ NO: _____ WHIRLPOOL TUB: YES: _____ NO: _____

WELL: _____ PUBLIC WATER: _____

INSTALLER: _____ PHONE: _____ LIC #: _____

ADDRESS: _____ E-Mail Address: _____

ENGINEERED PLAN: YES: _____ NO: _____ ENGINEER: _____

SCALED PLAN MUST BE ATTACHED or PREVIOUSLY SUBMITTED & APPROVED: YES: _____ NO: _____

SCOPE OF WORK: New Tank Only: _____ New Leaching Only: _____ New Tank & Leaching Field(s): _____

Other: _____

PROPOSED TANK(S): Septic Tank: Size: _____ Pump Chamber: Size: _____ Grease Trap: Size: _____

Type: Concrete: _____ Plastic: _____

PROPOSED LEACHING FIELD: DTP Results On File: _____ Attached: _____ Perc. Test On File: _____ Attached: _____

Required ELA: _____ Proposed ELA: _____ Perc. Test Results: _____

Minimum Leaching System Spread : HF: _____ X FF: _____ X PF: _____ = _____ MLSS

Leaching System Type: _____

Size: (ht.) _____ Total Linear Ft.: _____

Exceptions Required: YES: _____ NO: _____ LIST ALL : _____

Applicant certifies the above information is correct and construction shall comply with the Technical Standards of the Public Health Code and the Westbrook Sewer Avoidance Ordinance. All engineered design systems shall verify with the installer the elevations are correct prior to covering the system. Additionally all As-built submittals must be properly scaled. All engineered systems the as-built to be submitted by engineer.

APPLICANT: _____ **Signature:** _____ **Dated:** _____

Approval to Construct Issued By: _____ **Date:** _____



TOWN OF WESTBROOK

SEPTIC SYSTEM AS-BUILT FORM

Owner: _____ Site Address: _____ Town: _____
 Installer: _____ License# _____ Date of Installation: _____
 Percolation Rate: _____ # of Bedrooms/design flow: _____ Required ELA: _____ Provided ELA: _____
 Leaching Product Used (size and type) _____ Linear Feet: _____
 New septic tank installed? (circle) Yes (size) _____ No MLSS required (ft.): _____ MLSS provided (ft.): _____
 Minimum distance to well(s): _____ Water line(s) _____ Deviations from original plan?: Yes No List Health Code Exceptions: _____

North
Arrow

	1	2	3	4	5	6	7	8	9	10	TIE	1	2	3	4	5	6	7	8	9	10	
A												C										
B												D										

The licensed installer certifies that the leaching system is covered with a minimum of 6 inches of soil and is finished in a condition that will prevent erosion over and adjacent to the leaching system and that the ground surface over the entire system is graded to lead surface water away from the area. The undersigned installer hereby certifies that this septic system conforms to all applicable state and local codes and ordinances and that the information supplied herein is substantially correct.

Licensed Installer: Print: _____ Signature: _____ Date: _____