



Fee Paid: _____
 Check # _____
 Cash: _____
 Date: _____
 Application #: _____

TOWN OF WESTBROOK
HEALTH DEPARTMENT
 866 BOSTON POST ROAD
 WESTBROOK, CONNECTICUT 06498
 (860) 399-9869 • Fax (860) 399-2084

Application To Construct A Septic System

Requirements of Application To Construct:

- **Drawing, Sketch (see 3rd page for sketch area) or Professional Engineered Plan of Proposed Septic System**
- **Existing Elevations of Observed Restrictive Layers (Mottling, Groundwater, Ledge)**
- **Elevation of Proposed Bottom of Leaching System**
- **Applicable Fee**
 - Residential Repair (addition or replacement) = **\$50.00**
 - Residential NEW (no existing septic system) = **\$100.00**
 - Commercial Repair (addition or replacement) = **\$100.00**
 - Commercial NEW (no existing septic system) = **\$150.00**

Date: _____

PROPERTY ADDRESS: _____

Property Owner's Name: _____

Property Owner's Phone #: _____

Applicant/Installer Name: _____

Applicant/Installer Mailing Address: _____

Applicant/Installer Phone #: _____

Applicant/Installer E-Mail Address: _____

Applicant/Installer License #: _____

Engineer Name (if applicable): _____ **Phone #:** _____

Number of Bedrooms: _____ **or Design Flow:** _____

Repair (addition or replacement): **New Septic System (No Existing Septic System):**

Reason for Repair: _____

Private Well: **Public Water:**

Garbage Disposal: Yes No **Large Bath Over 100 Gallons:** Yes No

Proposed System: New Tank Only New Leaching Only New Tank & Leaching

Type of Tank: Septic Tank Grease Tank Pump Chamber

Concrete Plastic

Tank Size: 1000 Gal 1,250 Gal 1,500 Gal 2,000 Gal **Other Size:** _____

Proposed Leaching System: _____ **Credit:** _____

Height of Leaching Product (in inches): _____ **Total Linear Feet:** _____

Perc Rate: _____ **Application Rate for non-residential:** _____

Required ELA: _____ Proposed ELA: _____

Required MLSS: HF _____ x FF _____ x PF _____ = _____ MLSS (feet)

Proposed MLSS (feet): _____

Exceptions Required: YES NO

List Exceptions: _____

Applicant attests that the above information and attached sketch/drawing is correct.

Applicant attests that all construction will comply with the State of Connecticut Public Health Code and the Town of Westbrook Regulation of On-Site Sewage Disposal Systems.

Engineered septic systems are required to have the engineer verify with the installer that the septic system was installed according to the approved plan, prior to covering.

Applicant/Installer Name (print): _____

Applicant/Installer Signature: _____

Date: _____

DRAW PROPOSAL SKETCH AND INDICATE ELEVATIONS OF REQUIRED ITEMS ON PAGE 3

Office Use Only

Design Plan Approved YES NO

Date of Approved Plan: _____

Revision Date: _____

Approval To Construct Issued By: _____

Include:

- All components of existing and proposed septic system or drainage systems
- Location of private well or public water line from street to building served
- Watercourses
- Existing accessory structures, such as decks, garages, sheds, pools, etc.
- Property Lines

- **Elevations**

Existing Grade: _____

Bottom of Leaching System: _____

Mottling: _____

Groundwater: _____

Ledge: _____