

Application to Construct a NEW Septic System

Fees: Single-Family Residential \$110.00 Restaurant \$185.00 Commercial/Industrial \$185.00
 Multi-Family Residential \$185.00 Other Bldg. (describe): _____ \$185.00

Plus soil testing fee as needed. Includes ONE plan revision; additional plan revisions will be charged at one-half the original permit fee. All NEW subsurface sewage disposal systems in the Town of Essex shall require an engineered design. All applications must be accompanied by (2) proposal drawings at 1 inch to 20 ft. scale.

Street Location _____ **Map** _____ **Lot** _____

Applicant Name _____ **Phone** _____

Address _____ **Email** _____

Signature _____

Property Owner Name _____ **Phone** _____

Address _____ **Email** _____

Engineer Name _____ **Phone** _____

Address _____ **Email** _____

License # _____

Installer Name _____ **Phone** _____

Address _____ **Email** _____

Signature _____ **License #** _____ **Expires** _____

The installer MUST present a copy of his/her current license and sign the application IN PERSON

Design Considerations

Soil Test (Date) _____ Permit No _____ Public Water Supply Private Well

Area of Special Concern (as per PHC 19-13-B103d(e) - check all that apply)

- Perc < 1min/inch Ground water <3 ft. Designated Wetland
- Perc >30min/inch Ledge < 5 ft. Area of Public Water Utility/Supply
- Slope >25% Soil limitations Within 100ft. of a watercourse/wetland/pond?
- Other _____ Within 200ft. of a public water supply?

Proposed Septic System

Bedrooms: _____ Tank Size: _____ H-20 Tank Oversized Tub

Perc Rate: _____ min/in Pump Chamber (size): _____ H-20 Chamber Garbage Grinder

ELA Req'd _____ SF Leaching Credit (SF/LF): _____ Total Leaching (Length) _____ LF

ELA Prov'd _____ SF Leaching Structure: _____ Length of Row 1 _____ Row 2 _____

Row 3 _____ Row 4 _____

Depth to Restrictive Layer: _____ inches

MLSS: _____ (HF) x _____ (FF) x _____ (PF) = _____ LF (min. req'd length of each row)

Footing Drain Curtain Drain Select Fill Other considerations _____

Application # _____ **Date** _____ **Fee Paid** _____ **check #** _____

**PERMIT TO CONSTRUCT A NEW SEPTIC SYSTEM
FOR OFFICE USE ONLY**

Street Location _____ **Map** _____ **Lot** _____

HEALTH DEPT. REVIEW DATE _____

Plan Date: _____

CT DPH. Approval Req'd

1st Revision date: _____

CT DEEP Approval Req'd

2nd Revision date: _____

Central System Exception Req'd

SPECIAL CONDITIONS

Water/Sewage Restriction

Site Preparation

Well Relocation/Retest

Curtain Drain/Footing Drain

Occupancy/Use Restriction

Other: _____

COMMENTS: _____

Approval is hereby granted to construct a NEW septic system at _____

With the specifications and conditions described herein. There shall be no deviation from the specifications unless authorized by the sanitarian or his agent in writing.

DATE ISSUED: _____ **This permit expires one year from the date of issuance.**

The **Installer** must contact the Essex Health Department and **give 48 hours of advanced notice** before beginning any septic installation or repair. Installation inspections are performed periodically by the Essex Health Department Inspector. The **licensed septic installer must be on site** during all phases of the installation. The Inspector keeps a detailed log of all inspections. A final inspection is required by the Inspector before the system is backfilled and covered. Once the installation is complete, and the Inspector has performed the final inspection, **the Engineer shall submit TWO copies of the AS-BUILT drawing** to the Health Department for review and approval. Once all requirements have been met, and the AS-BUILT drawing has been approved, a Permit to Discharge will be issued by the Health Department to the property owner.

Health Dept. Approval:

Director of Health or Registered Sanitarian

Date

Application #

Date

Fee Paid

check #