

Application to Modify or Repair an Existing Septic System

FEES ☐ Residential \$60.00 ☐ Commercial/Industrial \$110.00 ☐ Multifamily \$110.00
Plus soil testing application/fee as needed.

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

Property Owner Name _____ **Phone** _____

Mailing Address _____ **Email** _____

Signature _____

Applicant Name _____ **Phone** _____

Mailing Address _____ **Email** _____

Installer Name (print) _____ **License #** _____ **Exp. Date** _____

Mailing Address _____ **Phone** _____

Signature _____ **Email** _____

The septic system installer must present a copy of his/her current license and sign the application in person

Reason for Modification or Repair ☐ Addition/Renovation ☐ Change of Use

☐ System Failure (describe): _____ ☐ Other _____

Existing Septic System Information Year Installed: _____ AS-BUILT on file? Yes / No

☐ Residential: # Bedrooms _____ Tank Size: _____ Pump Chamber Size: _____

☐ Commercial Bldg Type: _____ Design Flow: _____ gpd Leaching: _____

Design Considerations Soil Test Date(s) _____ Permit #: _____ Perc Rate: _____ min/in

- | | | |
|---|--|--|
| <input type="checkbox"/> Ground Water < 2ft | <input type="checkbox"/> Water Treatment System (WTS) | <input type="checkbox"/> Easement on the Lot |
| <input type="checkbox"/> Ledge < 4ft | <input type="checkbox"/> WTS Discharges to Septic Tank | <input type="checkbox"/> Curtain/Foundation Drains |
| <input type="checkbox"/> Slope > 25% | <input type="checkbox"/> Garbage Grinder | <input type="checkbox"/> Select Fill Req'd |
| <input type="checkbox"/> Perc Rate < 1 min/in | <input type="checkbox"/> Whirlpool/Oversized Bathtub | <input type="checkbox"/> Public Water Supply |
| <input type="checkbox"/> Perc Rate > 30 min/in | <input type="checkbox"/> Outbuildings w/ Plumbing | <input type="checkbox"/> Private Drinking Water Well |
| <input type="checkbox"/> Within 200 ft. of a <u>Public</u> Water Supply | <input type="checkbox"/> Within 100 ft. of <u>Open Watercourse</u> (river/stream/wetland/pond) | |

Proposed Septic System (Attach the required drawing proposal)

☐ Residential: # Bedrooms _____ ☐ Commercial Bldg. type _____ Design Flow _____ gpd

Septic Tank Size _____ Pump Chamber Size _____ Pump Type & HP _____

ELA Provided: _____ SF Total Row Length _____ LF Soil Air System Yes / No

ELA Req'd: _____ SF MLSS Req'd: _____ LF

Leaching Product Type _____ @ _____ SF/LF

☐ NON-Code Compliant Repair (describe): _____

Pumps and Soil Air: A CT licensed electrician MUST obtain a Building permit AND the Building Official MUST inspect the work.

The Health Dept WILL NOT issue a Permit to Discharge until the electrical work is inspected and the pump is functioning properly.

Permit to Modify or Repair an Existing Septic System

Street Location _____ Map _____ Lot _____

SPECIAL CONDITIONS

Review Date _____

- | | | |
|---|---|---|
| <input type="checkbox"/> CT DPH Approval Required | <input type="checkbox"/> CT DEEP Approval Required | |
| <input type="checkbox"/> 2000-7500 GPD Design Flow | <input type="checkbox"/> > 7500 GPD Design Flow | |
| <input type="checkbox"/> Well Exception | <input type="checkbox"/> Existing Septic System on Adjacent Lot | |
| <input type="checkbox"/> Central Sewage Exception | <input type="checkbox"/> Easement granted on adjacent lot | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Community Sewerage System | |
| <input type="checkbox"/> Wastewater / Sewage Discharge Restriction | <input type="checkbox"/> Occupancy / Use Restriction | <input type="checkbox"/> MLSS Required. |
| <input type="checkbox"/> Well Relocation / Retest | <input type="checkbox"/> Curtain Drain / Footing Drain | <input type="checkbox"/> Site Preparation |
| <input type="checkbox"/> WTS Discharge Redirection to Dry Well or Surface | <input type="checkbox"/> Other _____ | |

IS AN ELECTRICAL PERMIT REQUIRED FROM BUILDING OFFICIAL? ☐ YES ☐ NO

COMMENTS _____

Approval is hereby granted to modify/repair a 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/her agent IN WRITING.

DATE ISSUED: _____ THIS PERMIT EXPIRES ONE YEAR FROM THE DATE OF ISSUANCE.

INSTALLER INSTRUCTIONS:

The installer must contact the Essex Health Department and **GIVE 48 HOURS OF ADVANCE NOTICE BEFORE BEGINNING ANY SEPTIC INSTALLATION OR REPAIR.** Installation inspections are performed 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, **TWO COPIES OF THE AS-BUILT DRAWING MUST BE SUBMITTED TO THE HEALTH DEPARTMENT WITHIN 60 DAYS FOR REVIEW AND APPROVAL.** If an **electrical permit** is needed for a pump or SoilAir System, the Building Official must complete all electrical inspections. Once all requirements have been met, and the As-Built drawing has been approved, a Permit to Discharge will be issued by the Health Dept. to the property owner.

FOR OFFICE USE ONLY

Application No.: _____ Fee Paid: _____ Check #: _____ Date Received: _____

Health Dept. Approval: _____ Date _____

(Director of Health or Sanitarian)