

ESSEX HEALTH DEPARTMENT
29 WEST AVENUE, ESSEX, CONNECTICUT 06426
860-767-4340 FAX 860-767-8509

www.essexct.gov

APPLICATION TO MODIFY/REPAIR AN EXISTING SEPTIC SYSTEM

Fees: Residential \$50.00 Commercial/Industrial/Multifamily \$100.00

Plus soil testing application/fee as needed.

STREET LOCATION: _____ MAP _____ LOT _____

APPLICANT NAME: _____ **SIGNATURE:** _____

MAILING ADDRESS: _____

PHONE AND EMAIL: _____

OWNER NAME : _____

MAILING ADDRESS: _____

PHONE AND EMAIL: _____

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

INSTALLER NAME: _____ **SIGNATURE:** _____

MAILING ADDRESS: _____

PHONE AND EMAIL: _____

INSTALLER LICENSE NO.: _____ EXPIRATION DATE _____

REASON FOR REPAIR

System Failure: Yes No Failure Mode: _____

Addition/Renovation: Yes No Use Change: Yes No Explain: _____

CURRENT SEPTIC SYSTEM INFORMATION

Residential: _____ No. Bedrooms Commercial: _____ Design Flow

Age of the system: _____ Years

Existing Tank Size: _____ Gallons. Existing Leaching: _____

DESIGN CONSIDERATIONS

Soil Testing Completed: Permit No. _____ Soil Test Date: _____

Perc < 1min/in Perc > 30min/in

Ground Water < 3ft Ledge < 5ft Slope > 25%

Whirlpool/Oversized Bathtub _____ capacity in gallons Garbage Grinder

Within 200 ft. of a public water supply? Yes No Water Supply: Public Well

Within 100 ft. of a watercourse/wetland or pond? Yes No

Easement on the lot? Yes No

PROPOSED SEPTIC SYSTEM (Use the back of the application for the required drawing proposal)

No. of Bedrooms _____ Tank Size _____ H-20 Tank

Effective Leaching Area: _____ Leaching Structures: _____

H-20 Galleries Yes Some

No. Rows _____ Length 1 _____ Length 2 _____ Length 3 _____

Select Fill Footing Drain Curtain Drain

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FOR OFFICE USE ONLY
PERMIT TO MODIFY OR REPAIR AND EXISTING SEPTIC SYSTEM

STREET LOCATION: _____ MAP _____ LOT _____

APPLICATION NO.: _____ DATE: _____ FEE PAID CK. NO.: _____

REVIEW DATE: _____

STATE HEALTH DEPARTMENT APPROVAL: Yes No

CT DEP APPROVAL: Yes No

SPECIAL CONDITIONS

WATER/SEWAGE RESTRICTION

SITE PREPARATION

OCCUPANCY/USE RESTRICTION

WELL RELOCATION/RETEST

CURTAIN DRAIN/FOOTING DRAIN

OTHER: _____

TEST PIT INFORMATION

DATE: _____ SOIL CONDITIONS: _____

COMMENTS

SANITARIAN APPROVAL _____

Carol L. Lord, Registered Sanitarian

Date

APPROVAL IS HEREBY GRANTED TO REPAIR A SEPTIC SYSTEM AT _____
WITH THE SPECIFICATIONS AND CONDITIONS DESCRIBED HEREIN. THERE SHALL BE NO DEVIATION
FORM 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 advance 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, two copies of the As-Built Drawing must be submitted 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 to the property owner.

