

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)

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

Proposed Septic System

# Bedrooms: _____	Tank Size: _____	<input type="checkbox"/> H-20 Tank	<input type="checkbox"/> Oversized Tub
Perc Rate: _____ min/in	Pump Chamber (size): _____	<input type="checkbox"/> H-20 Chamber	<input type="checkbox"/> 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 #
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**PERMIT TO CONSTRUCT A NEW SEPTIC SYSTEM
FOR OFFICE USE ONLY**

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

HEALTH DEPT. REVIEW DATE _____

Plan Date: _____

1st Revision date: _____

2nd Revision date: _____

☐ CT DPH. Approval Req'd

☐ CT DEEP Approval Req'd

☐ Central System Exception Req'd

SPECIAL CONDITIONS

☐ Water/Sewage Restriction

☐ Well Relocation/Retest

☐ Occupancy/Use Restriction

☐ Site Preparation

☐ Curtain Drain/Footing Drain

☐ 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 #