

## Application to Modify or Repair an Existing Septic System

**FEES**  Residential \$50.00  Commercial/Industrial \$100.00  Multifamily \$100.00  
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 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

Commercial / Industrial Bldg Type: \_\_\_\_\_ **Design Flow:** \_\_\_\_\_ GPD

Residential: No. Bedrooms \_\_\_\_\_ **AS-BUILT on file?** Yes / No

**Year Installed:** \_\_\_\_\_ **Existing Tank Size:** \_\_\_\_\_ gal

**Existing Leaching:** \_\_\_\_\_ **Pump Chamber Size:** \_\_\_\_\_ gal

### Design Considerations

**Soil Test Date(s)** \_\_\_\_\_ **Permit #:** \_\_\_\_\_ **Perc Rate:** \_\_\_\_\_ min/in

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

### Proposed Septic System (Attached the **required** drawing proposal)

**Septic Tank Size** \_\_\_\_\_ **Pump Chamber Size** \_\_\_\_\_  Residential No. Bedrooms \_\_\_\_\_

**Total Leaching Length** \_\_\_\_\_ LF **MLSS Req'd:** \_\_\_\_\_ LF  Com/Indust Design Flow \_\_\_\_\_

**Leaching Structure** \_\_\_\_\_ @ \_\_\_\_\_ SF/LF **ELA Provided:** \_\_\_\_\_

**# of Rows:** \_\_\_\_\_ **Length row 1** \_\_\_\_\_ **row 2** \_\_\_\_\_ **row 3** \_\_\_\_\_ **ELA Req'd:** \_\_\_\_\_

NON-Code Compliant Repair (describe): \_\_\_\_\_

## Permit to Modify or Repair an Existing Septic System

**Street Location** \_\_\_\_\_ **Map** \_\_\_\_\_ **Lot** \_\_\_\_\_

### SPECIAL CONDITIONS

**Review Date** \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> CT DPH Approval Required<br><input type="checkbox"/> 2000-5000 GPD Design Flow<br><input type="checkbox"/> Well Exception<br><input type="checkbox"/> Central Sewage Exception<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> CT DEEP Approval Required<br><input type="checkbox"/> > 5000 GPD Design Flow<br><input type="checkbox"/> Existing Septic System on Adjacent Lot<br><input type="checkbox"/> Easement granted on adjacent lot<br><input type="checkbox"/> Community Sewerage System |
| <input type="checkbox"/> Wastewater / Sewage Discharge Restriction<br><input type="checkbox"/> Well Relocation / Retest<br><input type="checkbox"/> WTS Discharge Redirection to Dry Well or Surface  | <input type="checkbox"/> Occupancy / Use Restriction<br><input type="checkbox"/> Curtain Drain / Footing Drain<br><input type="checkbox"/> OTHER _____  |

- |   |
|---|
| <input type="checkbox"/> MLSS Required    |
| <input type="checkbox"/> Site Preparation |

### TEST PIT INFORMATION

Soil Test Date(s) \_\_\_\_\_ Permit #: \_\_\_\_\_ Perc Rate: \_\_\_\_\_ min/in  
 Soil Conditions: \_\_\_\_\_

### COMMENTS

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**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 PERMIT 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. 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.

### FOR OFFICE USE ONLY

**Application No.:** \_\_\_\_\_ **Fee Paid:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Sanitarian Approval:** \_\_\_\_\_ **Date** \_\_\_\_\_

Lisa Fasulo, MPH, REHS, RS