

Town of Chester

203 Middlesex Avenue, Chester, CT 06412

APPLICATION FOR CONSTRUCTION OF SEWAGE DISPOSAL SYSTEM

Fee: \$2000 (includes application, inspection and connection)

Application #: _____ Job Location: _____
License #: _____ Street: _____
Building Permit #: _____ Map: _____ Block: _____ Lot: _____

Type of Building: Residential _____ Commercial _____ Other(specify) _____
New Construction _____ Repair _____ Addition _____

Owner: _____ Sewage Contractor: _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____

Water Supply: Well _____ Private _____ Public water/ other: _____
Depth of well: _____ Type of well: _____

Character of soil at site: Type/depth
(example: top soil, sub-soil, loamy) _____
(silt, sand & gravel, hardpan, etc.) _____

Percolation Rate:
(Minutes to drop one inch) _____
Septic Tank: Type: _____ Size: _____
Type of leaching system: _____
Drains: ___ Curtain Drain ___ Footing Drain ___ Other: _____
_____ Separating distance from drains to system.

Population of Premises (estimated): _____ **Number of Bedrooms:** _____

Fixtures:
Bathtubs: _____ Lavatory: _____ Trenches, size, amount _____
Showers: _____ Deep Sink: _____ Galleys, size, amount _____
Toilets: _____ Urinal: _____ Diffuser, size, amount _____
Garbage Disposal: _____ Dishwasher _____ Infiltrator, size, amount _____
Sinks: _____ Clothes washer _____ Drywells, size, amount _____
Others, size, amount _____

The system shall meet the following minimum requirements:

- (1) Bottom of leaching system must be 18" above maximum ground water and 4' above ledge.
- (2) Any part of the leaching system to well - 75' or as required by the Public Health Code.
- (3) Any part of the leaching system to dwelling - 25' with drains; 15' without drains.
- (4) Any part of the leaching system to the property line - 10'.
- (5) Any part of the leaching system to a dwelling on an adjoining property - 50'.
- (6) Any part of the leaching system to a watercourse/wetland - 50'.
- (7) Cast iron pipe or equivalent must extend 15' to septic tank.
- (8) Top of embankment - 15'. Accessory structure - 10'. Water line under pressure - 10'.
- (9) System from below ground pool - 25'. Above ground pool - 10'.

Applicant: _____ Date: _____

System designed by: _____ Date: _____

Final inspection by: _____ Date: _____

Permit to Construct: _____ Inspections: _____; _____; _____

As-built submitted: _____ Permit to discharge: _____

NOTICE OF APPLICATION

Date: _____

To: Inland Wetland Agency
Town Of Chester

From: Applicant for a Sanitary Permit

Subject: Notification to Town of Chester Inland Wetland Agency of Application For A Sanitation Permit

Applicant Name: _____

Applicant's telephone number: (____) _____ - _____

Property Owner: _____

Property Address: _____

Map ____ Block ____ Lot ____

Description of Proposed Activity:

Are there any wetlands or watercourses, including drainage areas or seasonally wet areas, on the subject property?

____ Yes ____ No

Is any of the activity proposed in your application with 100 feet of any wetland or watercourse?

____ Yes ____ No

If yes, to either of the above questions, please submit an Inland Wetlands application and site plan indicating the location of wetlands to the Inland Wetlands Agency.

Applicant's signature: _____

Sanitarian's Signature: _____