



North Central District Health Department

- ☐ Enfield—31 North Main Street, Enfield, CT 06082 * (860) 745-0383 Fax (860) 745-3188
- ☐ Vernon—375 Hartford Turnpike, Room 120, Vernon, CT 06066 * (860) 872-1501 Fax (860) 872 1531
- ☐ Windham—Town Hall, 979 Main Street, Willimantic, CT 06226 * (860) 465-3033 Fax (860) 465-3034
- ☐ Stafford—Town Hall, 1 Main Street, Stafford Springs, CT 06076 * (860) 684-5609 Fax (860) 684-1768

Patrice A. Sulik, MPH, R.S.
Director of Health

PLANS SUBMITTED FOR REVIEW FOR THE REPAIR/REPLACEMENT OF SEPTIC SYSTEMS THAT ARE NOT PREPARED BY AN ENGINEER SHALL BE PREPARED TO INCLUDE THE FOLLOWING:

1. Submitted on blueprint stock or 8 ½ x 11 paper. Plan must be drawn to scale (1" = 20' or 1" = 30')
2. Show permanent benchmark within 12' horizontally and in close proximity to the proposed septic system. (Assumed elevation is okay.)
3. Show original grade spot elevations in leaching area. Highest elevation within each trench must be shown.
4. Show slope in, and immediately below, proposed septic area.
5. Show significant setbacks.
6. Show primary and reserve areas.
7. Show leaching system detail (components) in primary area.
8. Show maximum depth into grade.
9. Show a written description of system components and number of bedrooms in home.
10. Show separation distances to proposed and existing wells, including wells on adjacent properties. If no wells exist within 75 feet of proposed system, state on plan.
11. Show boundaries and easements.
12. Show location of percolation hole and test pits.
13. Show MLSS if mottles or a restrictive layer has been observed within 60 inches of soil surface.
14. Show wetlands and/or water bodies.



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Repair: \$100.00
 \$150.00 Fee - Addition, Conversion, Use Change
 (Plan Review & Site Investigation)

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Director of Health

Application for Site Investigation and Seepage Test For Septic System Repair/Replacement, Additions, Conversions Or Use Change

Name of Applicant: _____ Phone Number: _____
 Address of Applicant: _____ e-mail: _____
 Property Owner's Name: _____ Phone Number: _____
 Owner's Address: _____ e-mail: _____
 Location of Property for Repair/Replacement: (include street and town) _____

 Licensed Contractor: _____
 Professional Engineer: _____

Provide a sketch of the layout of the property on the reverse side of this form.

Water Supply: Public Private Well

Year Septic System was Constructed: _____ Number of Bedrooms: _____

Applicant will be required to provide a backhoe to excavate soil tests as needed. "Applicant may also be required to retain the services of a professional engineer.

PERMISSION IS HEREBY GRANTED TO THE NORTH CENTRAL DISTRICT HEALTH DEPARTMENT AND/OR THEIR REPRESENTATIVE TO CONDUCT A SOIL TEST ON THE ABOVE-MENTIONED PROPERTY.

Signature: _____ Date: _____
 Owner of Property