



<b>Fees</b>
New \$175
Repair \$100
Limited Repair \$50

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## APPLICATION FOR APPROVAL TO CONSTRUCT A SUBSURFACE SEWAGE DISPOSAL SYSTEM

To the Director of Health, Town of: \_\_\_\_\_ Date: \_\_\_\_\_

Application is hereby made for an approval to construct a subsurface sewage disposal system for a: \_\_\_\_\_  
(Residential Building, Restaurant, Retail Building, etc.)

located at: \_\_\_\_\_  
(Street Address, Lot Number, Subdivision Name, Map, Block, Lot, etc.)

New System: \_\_\_\_\_ Addition: \_\_\_\_\_ Repair: \_\_\_\_\_ Other (Limited repair): \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_ Tel.#: \_\_\_\_\_

Licensed Installer Name (print): \_\_\_\_\_ Tel.#/Email: \_\_\_\_\_

Installer Signature: \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued: \_\_\_\_\_

**Note: Valid photo ID and DPH license must be provided. A licensed subsurface sewage disposal system installer must be present during system installation.**

Application fee paid: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Owner and/or Licensed Installer)

### GENERAL INFORMATION

Soil Tests Conducted (Date): \_\_\_\_\_ Lot size: \_\_\_\_\_ sq.ft.

Area of Special Concern (Y/N): \_\_\_\_\_ If yes, Reason(s): \_\_\_\_\_

Basis of Design (# of Bedrooms, Restaurant Seats, Building Size, etc): \_\_\_\_\_

Engineered Plan Required (Y/N): \_\_\_\_\_ If yes, Name of Engineer: \_\_\_\_\_

Design Plan Approved (Y/N): \_\_\_\_\_ Date of Approved Plan: \_\_\_\_\_ Revision Date: \_\_\_\_\_

Exception(s) Requested: \_\_\_\_\_

Type of Water Supply: \_\_\_\_\_ If well, has location been approved (Y/N): \_\_\_\_\_

Well Driller's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel. # \_\_\_\_\_

### OFFICE USE ONLY

Approval to Construct is hereby issued by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Application/Permit: \_\_\_\_\_

**Note: Approvals to Construct shall only be issued by the local Director of Health or Registered Environmental Health Specialist.**

**Approval to Construct shall only be valid for a period of one year from the date of their issuance.**

**Licensed Installer shall notify the local Director of Health at least twenty-four hours prior to commencement of construction.**

## Connecticut Public Health Code Technical Standards for Approved Septic Fill, C 33 Sand and Stone Aggregate

**Select fill** is material placed within and adjacent to leaching system areas and comprised of clean bank run sand, clean bank run sand and gravel, or approved manufactured fill that is free from organic matter or foreign substances and having a gradation which conforms to the specifications stipulated in the current Technical Standards (see below) or ASTM C 33 (see below). Select fill shall meet the following requirements unless otherwise approved by the design engineer, **however a design engineer cannot approve fill exceeding 6% passing the #200 wet sieve:**

1. The select fill shall not contain any material larger than the three (3) inch sieve.
2. Up to 45% of the dry weight of the representative sample may be retained on the #4 sieve (This is the gravel portion of the sample).
3. The material that passes the #4 sieve is then reweighed and the sieve analysis started.
4. The remaining sample shall meet the following gradation criteria:

SELECT FILL SIEVE SIZE	PERCENT PASSING	
	WET SIEVE	DRY SIEVE
#4	100	100
#10	70 - 100	70 - 100
#40	10 - 50 *	10 - 75
#100	0 - 20	0 - 5
#200	0 - 5	0 - 2.5

C 33 SIEVE SIZE	PERCENT PASSING
0.375"	100
#4	95.0-100
#8	80.0-100.0
#16	50.0-85.0
#30	25.0-60.0
#50	5.0-30.0
#100	< 10
#200	< 5

\* Percent passing the #40 sieve can be increased to no greater than 75% if the percent passing the #100 sieve does not exceed 10% and the #200 sieve does not exceed 5%. If the fill fails the dry sieve but passes the wet sieve, then the fill shall be approved.

**The licensed installer is responsible for preparing the leaching area with necessary select fill. The topsoil in the leaching system area must be removed and the subsoil scarified prior to select fill placement unless otherwise directed by the design engineer. The installer shall take the necessary steps to protect the underlying naturally occurring soil from over compaction or damage. Select fill shall extend a minimum of five (5) feet laterally beyond the outer perimeter of the leaching system; on sloped lots only, select fill shall be reduced to 2 feet on the sides and up gradient of the leaching system. LLHD requires a current passing sieve (from the previous 30 days) be presented to the inspector or be on file with LLHD prior to placement of fill. LLHD may require a test of onsite material.**

The Commissioner of Public Health must approve manufactured fill. Rock used to produce manufactured fill must have a loss of abrasion of not more than 50 % using AASHTO Method T-96. Suppliers of manufactured fill must make application for approval to the Commissioner of Public Health. Documentation must be submitted on the quarry operation, and production process. Fill specifications (gradation, permeability, etc) and a narrative of the quality control/quality assurance program must also be included. The manufactured fill producers must provide annual product registrations to the Commissioner of Public Health.

**Stone aggregate** means crushed or broken stone or crushed and uncrushed gravel meeting the gradation for No. 4 or No. 6 aggregate per Connecticut Department of Transportation Form 816 Specification M.01.01 (or latest specification) and the #40 and #200 sieve gradation stipulated above, based on the wet sieve analysis. Stone aggregate shall be free of silt, dirt or debris and shall show a loss of abrasion of not more than 50% using AASHTO Method T-96, and when tested for soundness using AASHTO Method T-104 not have a loss of more than 15% at the end of 5 cycles.

	No. 4 Stone Aggregate (AKA 1 & ½" Stone)	No. 6 Stone Aggregate (AKA ¾" Stone)
SIEVE SIZE	PERCENT PASSING (by weight)	PERCENT PASSING (by weight)
2-inch	100	N/A
1.5-inch	90 – 100	N/A
1-inch	20 – 55	100
¾-inch	0 – 15	90-100
½-inch	N/A	20-55
3/8-inch	0 – 5	0-15
#4	N/A	0-5
#40	0 – 3	0-3
#200	0 – 1.5	0-1.5