

North Central District Health Department

- Enfield - 31 North Main Street, Enfield, CT 06082 - (860) 745-0383 FAX 745-3188
- Vernon - 375 Hartford Turnpike, Room 120, Vernon, CT 06066 - (860) 872-1501 FAX 872-1531
- Windham - Town Hall, 979 Main Street, Willimantic, CT 06226 - (860) 465-3033 FAX 465-3032
- Stafford -Town Hall, 1 Main Street, Stafford Springs, CT 06076 - (860) 684-5609 FAX (860) 684-1768

Conditions of a Permit to Construct a Septic System

Responsibility of the licensed septic contractor:

1. **Call 24 hours in advance for inspections.** Call for inspections of : 1) stakes, 2) stripped top soil, 3) fill, 4) the curtain drain if on the plan, 5) final inspection of the leach fields, tanks and sewer line, 6) the pump if required must be inspected. It must be demonstrated that the pump and alarm operate properly.

Septic system should **not** be constructed if it is raining or if the subsoil is wet.
Soil should not be stripped if subsoil is frozen; consult with the design engineer.
2. Notify our office when the stakes, with the location and elevations of the septic system, drains, septic tank and leach fields are set by the engineer or surveyor. An inspection of the stakes is required prior to stripping the topsoil.
3. Strip the top soil only – not the loam. An inspection of the stripped septic area is required. Do not leave the stripped area exposed for a long period of time.
4. The stripped area should be filled within 24 hours of stripping or the same day. Do Not strip the top soil if the soil is wet or if rain is expected.
5. For locations where select or septic fill is required, the fill must meet state specifications as determined by the State of Connecticut Public Health Department. The provider of the sand must be able to demonstrate that the sand meets state health specifications. If the leach field is predominantly in fill, then the engineer shall inspect the fill, conduct a percolation test and submit a report to the Health Department. The fill placed on site must meet all state code requirements. If the fill quality is questionable, a sieve analysis can be requested of the material on site by the sanitarian or engineer
6. The stone must be clean, free of silt, debris and meet state specifications. The installer is responsible for the protection of the leaching system from siltation caused by storm water runoff, erosion or soil infiltration throughout the installation process until the system is approved and covered
7. All materials used must meet state Public Health Code standards.
8. The licensed septic contractor is responsible for all aspects of the construction associated with the septic system. This includes, but is not limited to: curtain drain, sewer pipe from the foundation wall to the tank; if required – the pump chamber and pump and alarm, fill and stone. A licensed electrician is required to obtain an electrical permit for all electrical installations related to the pump and alarm.
9. If there is one foot or more of cover over the septic tank, a riser is required for the clean-out port.
10. If the contractor finds conditions different than those noted on the plan or if conditions are adverse to constructing the septic system, the contractor must stop construction and call the design engineer and the Health Department to re-evaluate the site and plan.
11. The contractor must submit an accurate As-Built location of the septic system on forms provided by the Health Department.
12. Septic permits are valid for one year from the date of issuance.

NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

APPLICATION FOR A PERMIT TO CONSTRUCT A

PRIVATE SEWAGE DISPOSAL SYSTEM

DATE APPLIED _____ NEW SYSTEM _____

APPROVAL DATE _____ REPAIR _____

DISAPPROVAL DATE _____ PERMIT NUMBER _____

As a licensed sewage disposal system contractor representing the owner, I, _____
(Installer name)

(Installer's address, **e-mail address** and telephone number)

License Number: _____, hereby apply for a permit to install a private subsurface sewage disposal system as described below for:

(owner's name, **e-mail address** and telephone number)

on a lot located at: _____
(House Number or Lot Number, Street and Town)

Number of bedrooms or population: _____

Percolation Rate: _____ Septic Tank Size: _____
(Minutes per inch)

Leaching System: Type: _____

Square Feet: _____ Linear Feet: _____

Dimensions of Lot: _____

Water Supply: Public: _____ Private Well: _____

Signature of Applicant