

APPLICATION FOR REVIEW OF ENGINEER'S PLAN FOR A NEW SEPTIC SYSTEM

PLEASE FILL OUT THE REQUIRED INFORMATION AND RETURN THIS FORM WITH A COPY OF THE ENGINEER'S PLAN, INCLUDING SOIL TEST RESULTS AND SYSTEM DESIGN CRITERIA, AND A CHECK MADE PAYABLE TO "TOWN OF WINDSOR" FOR \$100 TO THE HEALTH DEPARTMENT

PLAN ADDRESS: _____
OWNER/AGENT: _____ ADDRESS: _____
PHONE: _____
ENGINEER: _____ ADDRESS: _____
PHONE: _____

FOR REVIEWER'S USE

WATER SUPPLY:
WELL _____ LOCATION APPROVED? _____ MDC _____ OTHER _____
TYPE OF SYSTEM:
RESIDENTIAL _____ IF YES, #OF BEDROOMS _____ GARBAGE DISPOSAL _____
LARGE TUB OR WHIRLPOOL BATH _____ IF YES, SIZE (GALLONS) _____
OTHER (TYPE) _____ DESGN FLOW (GPD) _____
DESIGN PERCOLATION RATE (MINUTES PER INCH) _____
LIMITING LAYER (LEDGE, WATER, IMPERVIOUS SOIL) _____ DEPTH (INCHES) _____
MLSS (FT) _____
AREA OF SPECIAL CONCERN? _____ WETLANDS APPROVAL REQUIRED? _____
DPH APPROVAL REQUIRED? _____ DEP APPROVAL REQUIRED? _____

OTHER DESIGN CONSIDERATIONS:
GREASE SEPARATOR _____ LAUNDRY _____ OTHER SPECIAL WASTE _____
PUMP STATION _____ SIPHON _____ SYSTEM ON SAME LOT _____ FILL _____
SERIAL DISTRIBUTION _____

REQUIRED SEPTIC TANK VOLUME (GAL) _____ PROVIDED (GAL) _____
LEACHFIELD AREA REQUIRED (SQ. FT.) _____ PROVIDED (SQ.FT.) _____
100% RESERVE AREA PROVIDED? _____ PREPARATION REQUIRED? _____
FILL SPECIFICATION OK? _____ PUMP/SIPHON CHAMBER VOLUME OK? _____
EFFLUENT DOSE OK? _____ APPROPRIATE CLEANOUTS/INSPECTION PORTS? _____
CLEANOUTS REQUIRED TO FINISH GRADE? _____

COMMENTS, REQUIREMENTS AND RECOMMENDATIONS:

REVIEWED BY: _____ APPROVED? _____ DATE: _____