



Town of Greenwich  
Department of Health  
Division of Environmental Services

**100% Septic System Replacement Area Application**

PROPERTY ADDRESS: \_\_\_\_\_ PARCEL TAX ID: \_\_\_\_\_

OWNER: \_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_

OWNER TELEPHONE #: \_\_\_\_\_

LICENSED INSTALLER/PROFESSIONAL ENGINEER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

REASON FOR 100% REPLACEMENT AREA:

- 1 Bedroom Addition                       Footprint Expansion                       Pool Construction  
 Tennis Court                                       Other \_\_\_\_\_

NUMBER OF EXISTING BEDROOMS ( )                      Adding ( )                      Total = ( )

PROPOSED REPLACEMENT AREA:

SEPTIC TANK: Existing \_\_\_\_\_ gal.                      Proposed \_\_\_\_\_ gal.                      Pump Chamber \_\_\_\_\_ gal.

LEACHING FIELDS: \_\_\_\_\_ sq. ft.

LEACHING AREA PROVIDED WITH: \_\_\_\_\_ lineal feet of \_\_\_\_\_

MINIMUM LEACHING SPREAD REQUIRED (MLSS) \_\_\_\_\_ (calculation details shown on plan)

**Please be advised that this application identifies an area for the location of sewage disposal system in the future, should the existing system malfunction. Approval of this application is not a Permit to Construct. In the event that the existing system requires replacement, a proposed design of the new system must be reviewed and approved by this Department. All applicable codes and requirements at the time of the application for installation must be met.**

FOR OFFICE USE ONLY

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Director of Health or Authorized Agent