Checklist for Installer Design Proposal for Sewage Disposal

Job Site: _________________________________________________________________________________

Owner: ___________________________________________________________________________________

Licensed Installer: __________________________________________________________________________

(circle (○) = deficiencies; check mark (✓) = satisfactory)

☐ Minimum size drawing will be 11 x 17” – folded to fit 8½ x 11” folder.

☐ Plan drawn to scale: 1” = 20”. Plot plan with property lines required. North arrow must be shown on plan.

☐ Specify tank size, distance from building, slope dimension of sewer line (7¼, 7”, 9”, etc.). If pump chamber is used, show location, dose volume and cross-section of pump chamber on the drawing. Include specifications on pump, piping, floats, alarms, disconnect chains. Indicate amount of emergency storage volume provided. Locate drains in area of system (solid and perforated pipe).

☐ Retrofit work: If either the tank or pump chamber are existing indicate whether they are in compliance with the riser and manhole cover requirements of the Technical Standards or else indicate that retrofit work will need to be performed as part of the permit to meet the requirements and describe what work needs to be done.

☐ Distribution (“D”) boxes and effluent distribution piping must be identified with specifications.

☐ Soil test data must be shown on plan including location of deep test holes and percolation information. Identify 100% Reserve area, if applicable.

☐ Written description of existing and/or proposed leaching system. Required leaching area by code. Example: design percolation rate 1” in 20 minutes, proposed 4 bedroom dwelling – 225 sq.ft. required per bedroom – 900 sq. ft. required. 900 sq. ft. provided with 300 lineal ft. of 3’ wide, 18” deep leaching trench. Proposed type and length of reserve area shall also be included.

☐ Leaching system layout (trenches, galleries, etc.). If curtain drain is required, show detail.

☐ Proposed elevations of septic system (i.e. flow lines of building, inlet and outlet of septic tank, D-boxes, bottom elevation of leaching structure etc.).

☐ To locate all existing utilities, call “Call Before You Dig”, 1-800-922-4455. Locate all utilities on plan - water, gas and electric. Excavations within 5 to 25 feet of the septic system shall not be backfilled with free draining material. Well location with 75’ protective radius and buried oil tanks (must be 75’ from all well water supplies) include water service line from well. Locate swimming pools and other structures in area of work.
Include note on plan: The Greenwich Department of Health will be notified at least 24 hours in advance, at 987-1001, that job construction will begin.

Spot elevations of existing grade in the area of proposed system and location and elevation of benchmark used.

Locations of drainage systems (curtain, footing, leader, driveway, stormwater detention, etc.) with setbacks to system noted.

Locate existing or proposed well water treatment wastewater structures along with appropriate setbacks called out.

MLSS calculations shown on plan; show points used to calculate slope (from just above proposed system to 25 to 50 feet down slope of system). Include location of down-gradient test hole. Show required spread vs. proposed spread.

Title box must be placed in the lower right hand corner of drawing and shall include:
- Owner’s name with mailing address if different from site address
- Project address: include street name, house #, lot # and parcel ID
- Scale of drawing
- Date
- Installer’s name

For Septic System Repairs: any variances that may be requested must be noted on the plan along with reasons (i.e. restrictions) for the request for the variance. Variances granted by the Department of Health will be noted on the Permits along with any restrictions for use.

The Inland Wetland and Watercourses Agency informed; approval granted if necessary.

Comments: __________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Reviewed by: ___________________________________________ Date: ________________

Revision Information

<table>
<thead>
<tr>
<th>contact</th>
<th>date</th>
<th>revision fee</th>
<th>comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>