

Drainage, Other Wastewater,  
Non-discharging and Forms

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Section IX: Groundwater,  
Roof, Cellar, Parking Lot and  
Yard Drains

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Groundwater, Roof, Cellar, Parking  
Lot and Yard Drains (pg. 51)

- Such drainage shall not discharge within twenty-five feet of the sewage disposal system
- Separation distance to drainage systems must conform with Table 1.
- GW control drains shall be constructed to lower the GW at least 2 feet below the bottom of leaching

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**Groundwater, Roof, Cellar and Yard Drains (pg. 51)**

- GW control drain construction:
  - collection pipe 6"-12" above bottom of drainage trench
  - pipe shall have minimum diameter of 4 inches (perforated or open-joint pipe)
  - surrounded by clean stone or gravel
  - otherwise designed by a professional engineer.

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**Section X: Other Wastewater (page 51)**

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**Section X: Other Wastewater (page 51)**

- Items that cannot be discharged to a sewage disposal system:
  - oils, greases, industrial waste, toxic chemicals, **wastewater from water treatment systems**
  - large amounts of cooling or process water; discharge to a separate facility

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### Other Wastewater (pg. 51)

- On-site disposal of water treatment device wastewater via a separate dedicated disposal system shall be in accordance with DEP guidance or General Permit. Such disposal systems shall be located in compliance with the separation distances in Table No. 1.

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### Section XI: Non-Discharging Sewage Disposal Systems (pg. 52)

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### Non-Discharging Sewage Disposal Systems (pg. 52)

- Large Capacity Composting Toilets
- Heat Assisted Composting Toilets
- Incineration Toilets
- Dry Vault Privies
- Chemical Privies
- Holding Tanks-DOH to review prior to submitting to DPH for review

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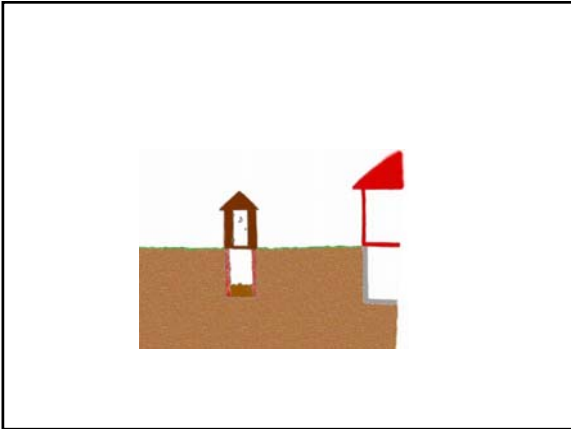
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Form #1: Application for permit to construct or repair a septic system. (pg. 53)

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Form #1 Technical Standards for Subsurface Sewage Disposal Systems

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

Application Permit # \_\_\_\_\_

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 \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_ Tel No \_\_\_\_\_

Installer \_\_\_\_\_ Address \_\_\_\_\_ Tel No \_\_\_\_\_

Installer License No. \_\_\_\_\_

In accordance with detailed information stated below:

Application fee paid \_\_\_\_\_ Signed \_\_\_\_\_

(Owner or duly authorized representative)

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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 \_\_\_\_\_

Address of Engineer \_\_\_\_\_

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

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

Well Driller's Name \_\_\_\_\_ Address \_\_\_\_\_

OFFICE USE ONLY

Approval to Construct is hereby issued by \_\_\_\_\_ Date \_\_\_\_\_

(Print Name)

Signature \_\_\_\_\_ Title \_\_\_\_\_

Note: Approvals to Construct can only be issued by the Local Director of Health or Registered Sanitarian

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Form # 2: Site investigation  
for a sewage disposal system  
(pgs. 54-55)




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Form #2 Technical Standards for Subsurface Sewage Disposal Systems

**SITE INVESTIGATION FOR A SUBSURFACE SEWAGE DISPOSAL SYSTEM**

Property Owner \_\_\_\_\_ Location \_\_\_\_\_ Application/Permit #: \_\_\_\_\_

**DEEP TEST PIT DATA/SOIL DESCRIPTIONS**  
(Record all Test Pits)

DATE: \_\_\_\_\_

TEST PIT:	TEST PIT:	TEST PIT:	TEST PIT:
Moisture:	Moisture:	Moisture:	Moisture:
GW:	GW:	GW:	GW:
Ledge:	Ledge:	Ledge:	Ledge:
Roots:	Roots:	Roots:	Roots:
Restrictive:	Restrictive:	Restrictive:	Restrictive:

COMMENTS: \_\_\_\_\_

GROUNDWATER TABLE (Near max., below max., etc.) \_\_\_\_\_

SOIL MOISTURE (High, normal, low, etc.) \_\_\_\_\_

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**PERCOLATION TEST DATA**  
(Record all Perc Tests)

DATE: \_\_\_\_\_

PERC:		PERC:		PERC:		PERC:	
DEPTH:		DEPTH:		DEPTH:		DEPTH:	
PRESOAK:		PRESOAK:		PRESOAK:		PRESOAK:	
TIME	READING	TIME	READING	TIME	READING	TIME	READING
PERC RATE:	PERC RATE:	PERC RATE:	PERC RATE:	PERC RATE:	PERC RATE:	PERC RATE:	PERC RATE:

COMMENTS: \_\_\_\_\_

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Form #2 (Cont'd) Technical Standards for Subsurface Sewage Disposal Systems

**SITE INVESTIGATION FOR A SUBSURFACE SEWAGE DISPOSAL SYSTEM**

**LOCATION DRAWING INCLUDING ALL TEST PITS AND PERCOLATION HOLES**

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**Form #4** (pg. 60)

- Permit to Discharge
  - The previously circulated permit to discharge has been updated and revised.

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Form #4                      Technical Standards for Subsurface Sewage Disposal Systems

**PERMIT TO DISCHARGE**

Approval is hereby given to \_\_\_\_\_ in accordance with Public  
(Property Owner)  
Health Code Section 19-13-B103e (h) to discharge to a subsurface sewage disposal system located at  
\_\_\_\_\_  
(Street Address)  
in the town of \_\_\_\_\_, CT that will receive domestic sewage from a:

Residential building containing \_\_\_\_\_ bedrooms. Single family (Y/N): \_\_\_\_\_.  
Restaurant containing \_\_\_\_\_ seats.  
Commercial/Office building providing \_\_\_\_\_ square feet.  
Other structure as described: \_\_\_\_\_.

**Design Flow** = \_\_\_\_\_ gallons per day. **Permitted Flow** = \_\_\_\_\_ gallons per day.  
The design flow shall equal the permitted flow, except for non-compliant repairs (See Section IV D).

In order to provide a sufficient factor of safety it is recommended that the average daily discharge not exceed 2/3 of the permitted flow or \_\_\_\_\_ gallons per day.

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**Operation and Maintenance:** Septic tank shall be inspected regularly and pumped as needed but not less frequently than every five years. The septic tank has an effluent filter (Y/N) \_\_\_\_\_. Effluent filters require periodic cleaning. Failure to clean filters can result in sewage backup into the building or effluent breakout. Restaurants serviced by external grease interceptor tank(s) require quarterly inspections and cleaning as necessary. Tank pump-outs tracked by local health department (Y/N) \_\_\_\_\_. If yes, stipulate pump-out requirements: \_\_\_\_\_.

**Special Requirements and Restrictions:** 1. Septic system malfunction or failure must be addressed. \_\_\_\_\_  
\_\_\_\_\_

**Exceptions (Repairs Only):** \_\_\_\_\_  
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**File Information:** Construction Permit No. \_\_\_\_\_ . Approved as-built on file (Y/N) \_\_\_\_\_ .  
Date of Final Inspection: \_\_\_\_\_ Inspected By: \_\_\_\_\_  
**Permit Issuance:** Issued by: \_\_\_\_\_ Title: \_\_\_\_\_  
(Director of Health or Registered Sanitarian)  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Permit expiration date (5 years from issuance date): \_\_\_\_\_

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