



Ledge Light Health District
 943 North Road • Route 117
 P.O. Box 909 • Groton, Connecticut 06340-0909
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Francis L. "Sam" Crowley, MPH, JD
 Director of Health

FORM #1 State of Connecticut Department of Public Health 1/1/04 Application/Permit No. _____

**APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A
 SEWAGE DISPOSAL SYSTEM**

To the Director of Health, Town of: _____ Date: _____

Applicant is hereby made for permit
 to construct a sewage disposal system for: _____
 (Residence, Store, Restaurant, etc.)

Located at: _____
 (Street Address, Lot Number, Subdivision Name, Map, Block, Lot, etc.)

Fees New \$125 Repair \$75

New System _____ Addition _____ Repair _____ Other _____

Owner _____ Address _____ Tel. No. _____

Installer _____ Address _____ Tel. No. _____

Installer License No. _____ License current and attached _____ Design plan attached _____

Application fee paid _____ **Signed** _____ **Date** _____

 Subdivision Approval _____ Date _____ Lot Size _____ ft²

On Public Water Supply Watershed _____ On Designated Wetland _____ SCS Soil Classification _____

If residential, number of bedrooms _____ Flood Zone _____ Public Sewer Scheduled _____
 (Date)

If non-residential, design criteria _____
 (Sanitary Facilities, Number of Employees, Meals Served, etc.)

Basement Fixtures _____ Foundation Drains _____ Special Equipment _____
 (Pumps, Curtain drains, etc.)

ENGINEER'S PLAN REQUIRED	<input type="checkbox"/>	TEST DURING WET SEASON	<input type="checkbox"/>	<input type="checkbox"/>
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Water Supply _____ Type of Well _____

Well Location Approved _____ Yield _____ Satisfactory Sample _____
 (Date) (Gallons/Min) (Date)

Well Driller's Name _____ Address _____ Tel. No. _____

WATER SUPPLY APPROVED	<input type="checkbox"/>	ANY VARIANCE(S) REQUIRED	<input type="checkbox"/>	<input type="checkbox"/>
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Director of Health or Authorized Agent _____ **Date Approved** _____

Fee Paid: _____ Check # _____ Cash _____ Town _____ Received by/Date _____

Connecticut Public Health Code Technical Standards for Approved Septic Fill and Stone Aggregate Revised 1/1/04

Select fill placed within and adjacent to leaching system areas shall be comprised of clean sand, or sand and gravel, free from organic matter and foreign substances. The select fill shall meet the following requirements unless otherwise approved by a professional engineer for use within the leaching area:

1. The select fill shall not contain any material larger than the three (3) inch sieve.
2. Up to 45% of the dry weight of the representative sample may be retained on the #4 sieve (This is the gravel portion of the sample).
3. The material that passes the #4 sieve is then reweighed and the sieve analysis started.
4. The remaining sample shall meet the following gradation criteria:

SIEVE SIZE	PERCENT PASSING	
	WET SIEVE	DRY SIEVE
#4	100	100
#10	70 - 100	70 - 100
#40	10 - 50 *	10 - 75
#100	0 - 20	0 - 5
#200	0 - 5	0 - 2.5

* Percent passing the #40 sieve can be increased to no greater than 75% if the percent passing the #100 sieve does not exceed 10% and the #200 sieve does not exceed 5%.

The licensed installer is responsible for preparing the leaching area with necessary select fill. The topsoil in the leaching system area must be removed and the subsoil scarified prior to select fill placement unless otherwise directed by the design engineer. The installer shall take the necessary steps to protect the underlying naturally occurring soil from over compaction or damage. Select fill shall extend a minimum of five (5) feet laterally in all directions beyond the outer perimeter of the leaching system.

The Commissioner of Public Health must approve manufactured fill. Rock used to produce manufactured fill must have a loss of abrasion of not more than 50 % using AASHTO Method T-96. Suppliers of manufactured fill must make application for approval to the Commissioner of Public Health. Documentation must be submitted on the quarry operation, and production process. Fill specifications (gradation, permeability, etc) and a narrative of the quality control/quality assurance program must also be included. The manufactured fill producers must provide annual product registrations to the Commissioner of Public Health.

Stone aggregate means broken stone, crushed stone, or screened gravel meeting Department of Transportation Form 814A Specification M.01.01 for No. 4 stone (as shown below or latest specification). Stone aggregate (previously “one-inch broken stone”) shall be free of silt, dirt or debris and shall show a loss of abrasion of not more than 50% using AASHTO Method T-96.

SIEVE SIZE	PERCENT PASSING (by weight)
2-inch	100
1.5-inch	90 – 100
1-inch	20 – 55
3/4-inch	0 – 10
3/8-inch	0 – 5