## TOWN OF WALLINGFORD HEALTH DEPARTMENT

## Installer's Plot Plan Subsurface Sewage Disposal System

Indicate all pertinent information for the proposed subsurface sewage disposal system. (Refer to Plot Plan Criteria for Design, attached)

New System	Repair System	
Date:		
	Use space provided or attach a separate drawing	
Indicate North:		
Address:		
Property Owner	r:	
Indicate Design B	Perc Rate Restrictive layer:	

<sup>\*</sup>Installer signature required, page 2

The undersigned hereby certifies the information supplied is substantially correct. No work shall begin until plan is approved and permit issued. Licensed installer must be on-site for final inspection.

Signature:(Licensed Installer)	Date
Name:(Print Installers Name)	License#
Installer Phone	
Installer Address	
Reviewed/Approved:(Authorized Health Dept. A	Date Agent)

ALL INSPECTIONS MUST BE SCHEDULED WITH THE HEALTH DEPARTMENT 203-294-2065

## INSTRUCTIONS FOR NON-ENGINEERED SUBSURFACE SEWAGE DISPOSAL SYSTEM PLANS

These instructions and worksheet are provided to help installers prepare complete and code-complying plans for new and repair subsurface disposal systems. You will need to refer to the Public Health Code and Technical Standards along with the soil test and site investigation data for the property in order to prepare the plan, but these instructions provide the minimum requirements and our expectations for all plans submitted for review to the Wallingford Health Department.

A.	The plan must include all of the following information:
	Property address and owner's name
	Plan date
	Installer's name and address
	Location and pipe type of house sewer
	Location and size of the septic tank
	Location and description of the leaching system
	<ul> <li>Design criteria (# of bedrooms/perc; restrictive layers)</li> </ul>
	- Proposed square footage
	- Suitable reserve area (required for new)
	- Separating distances per Technical Standards
	- MLSS calculation, indicate if noncompliant repair
	Property lines* and street location
	Building locations (including accessory structures)
	Location of any watercourses/wetlands
	Ground and surface water drains and drainage structures
	Underground Utilities
	Location of well and adjoining property wells or water service lines
	Note existing ground elevations in the area of the proposed system and downslope
	Proposed system elevations
	Benchmark location and elevation
	Septic fill required/sieve analysis
	*property lines —In accordance with the requirements of Connecticut Public Health Code section 19-13-B103e, all plans for the construction or repair of a subsurface sewage disposal system must be submitted on or with "a plot plan of the lot, which shall be a surveyor's plan if available or one prepared from information on the deed or land records."
В.	The plan must show the basis of design (e.g. – 3 bedroom house with a perc rate of 10-20 min/inch requires 1000 gallon
	tank and 675 square feet of effective leaching area), and the proposed system design dimensions and calculations (e.g. –
	proposing 1000 gallon septic tank and 225 feet of 4'x1' stone trenches, at 3 sq.ft. /lin. Ft. effective area providing 675 sq. ft.
	of effective area) – consider using Proposed Design Information Worksheet.
C.	The plan must show all applicable separating distances required by Table 1 of the Technical Standards or must be drawn to
	scale.
D.	In the case of repair systems only, where the system design cannot comply with all of the requirements of the Public
	Health Code and Technical Standards, the plan must note all exceptions or variances required for the proposed system.
	Please note that some exceptions require State Health Department approval before plan approval.
E.	If a pump system is proposed, details and specifications for the pump chamber pump and alarm system must be provided

## NOTE:

with the plan.

- All required information must be provided with the plan. Incomplete plans will be returned for revision.
- An approved plan and approved Permit to Construct are required prior to any system construction.