

Pomperaug District Department of Health
800 Main Street, South
Southbury, CT. 06488
Tel.# 203-264-9616 Fax# 203-262-1960

REVIEW LIST FOR NON-ENGINEERED SEPTIC SYSTEM PLANS

Location _____ Lot # _____ Date _____

Town _____ Subdivision _____

Owner _____ Address _____

Town _____ Phone _____

Plan Preparer _____

Address _____ Phone _____

ADEQUATE
YES NO

- () () 1. **LOCATION** - street; map, block and lot numbers; name of owner
- () () 2. **BASIS OF DESIGN** indicating percolation rate, square feet of septic system required, square feet of septic system provided, size of septic tank, number of bedrooms.
- () () 3. **RESULTS** and locations of deep test pits and percolation tests.
- () () 4. **LOCATION** of house, house sewer, driveway, septic tank, septic system, reserve septic system (if applicable), well site, property lines, ground and surface drains, water-lines, nearby wells, water courses/wetland areas, etc.
- () () 5. **MLSS** minimum leaching system spread calculations

COMMENTS: _____

Sanitarian _____ Date _____