



Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321

PROPOSED DESIGN INFORMATION WORKSHEET

For Non-Engineered Subsurface Sewage Disposal Systems

(This worksheet can be completed and attached to your plan for review **or** all of this information must appear on the plan)

ATTACH PLAN FOR REVIEW BY HEALTH DISTRICT

Date: _____

Property Address: _____ Town: _____

Property Owner: _____

Plan designed by: _____ Phone: _____

Designer's Mailing Address: _____

PLAN FOR: REPAIR/REPLACEMENT SYSTEM _____ NEW CONSTRUCTION _____

BASIS OF DESIGN:

USE: RESIDENTIAL – NUMBER OF BEDROOMS _____ LARGE TUB? yes / no GARBAGE DISPOSAL? yes / no
OR
NON-RESIDENTIAL – DESIGN FLOW _____ PROVIDE USE DESCRIPTION AND FLOW CALCULATIONS:

_____.

SOIL PERCOLATION RATE: _____ minutes/inch EFFECTIVE LEACHING AREA REQUIRED: _____ sq. ft.

REQUIRED MINIMUM LEACHING SYSTEM SPREAD – MLSS CALCULATION:

DEPTH TO SOIL RESTRICTION (MOTTILING, LEDGE, ETC.): _____ inches, HYDRAULIC GRADIENT/ SLOPE: _____ %

(HF) _____ x (FF) _____ x (PF) _____ = MLSS (IN FEET): _____

PROPOSED SYSTEM DESIGN DIMENSIONS AND CALCULATIONS:

PROPOSED SEPTIC TANK SIZE: _____ GALLONS

LEACHING SYSTEM TYPE PROPOSED: (STYLE AND UNIT SIZE – H+W) _____

EFFECTIVE LEACHING AREA (ELA):

ELA CREDIT: sq. ft./ lin. ft.: _____ x TOTAL SYSTEM LENGTH _____ = effective leaching area provided: _____ sq. ft.

MLSS PROVIDED: _____ FEET.

MAXIMUM SYSTEM DEPTH INTO ORIGINAL GRADE: _____ INCHES.