



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.