

STAKING VERIFICATION MEMO for Engineer Designed Sewage Disposal Systems
Eastern Highlands Health District – 4 South Eagleville Road, Mansfield, CT 06268 – phone: 860-429-3325 – fax: 860-429-3321

The sewage disposal system proposed at the following address was field staked by:

_____ on (date) _____ in accordance
with the requirements of the Eastern Highlands Health District plan approval conditions:

Street # and Name: _____ Lot #: _____ Town: _____

Please check the applicable staking statement and site condition statement and provide the information requested below.

STAKING STATEMENT:

_____ The system has been staked in accordance with the approved system design plan dated: _____, revised: _____.
No adjustments were required to the system elevations or location to maintain the proper depth into existing grade.

OR

_____ The system has been staked in accordance with the approved system design plan dated: _____, revised: _____.
However, minor field adjustments were required to the elevation and/or location of the system due to minor discrepancies in site topography found at the time of system staking. The adjustments will not impact the proposed grading plan, minimum separating distance requirements or other system components.
PROVIDE LIST/DESCRIPTION OF ADJUSTMENTS:

SITE CONDITIONS:

_____ At the time of our field staking, the soil and/or site conditions in the sewage disposal area were found to be undisturbed.

OR _____ At the time of our field staking, the soil and/or site conditions in the sewage disposal area were found to be disturbed by (filling, excavation, compaction, other) provide description: _____ and:

_____ 1. The supervising engineer inspected the site and determined that the site disturbance will not impact the approved system design and no plan revisions are required prior to the system installation.

_____ 2. The supervising engineer inspected the site and determined that additional site evaluation is needed with the health district to fully evaluate the impacts of the site disturbance. (request EHHD inspection).

_____ 3. The supervising engineer inspected the site and determined that revisions are required to the approved design plan due to the site disturbance(s). Revised plans are attached for review and approval by the health district.

Name of Supervising Engineer: (print) _____ Signature: _____

Company name: _____ Phone: _____

Mailing address:(street) _____ Fax: _____

(Town, state, zip) _____ Email address: _____

Note: Any changes to the design plans approved by the health district must be submitted to the health district as design revisions with a plan review application, review fee and two sets of revised plans.

EHHD Approval (DOH/sanitarian signature): _____ date: _____
Installer ID verified by EHHD: _____ - Permit to Construct ready to approve.