



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.