



4 South Eagleville Road Phone: (860) 429-3325 Fax: (860) 429-3321

PERMIT TO CONSTRUCT OR REPAIR A SEWAGE DISPOSAL SYSTEM

Permission is hereby granted to the below references installer for the construction or repair of a sewage disposal system service the property at the below referenced address in accordance with the description as outlined in the attached application and approval plan.

Date Submitted: August 23, 2022**Permit #** S-22-237**Located At (Street Address):** 369 LAKE RD**Town:** Andover**Owner Information:**

Owner's Name: LOOMIS RANDALL N & PATRICIA A

Phone:

Owner's Address: 369 LAKE RD

Owner's Email Address:

Applicant Information:

Applicant's Name: Chris Sutyla

Phone: 18607163991

Applicant's Address: 7 River Rd CT Willington 06279

Applicant's Email Address: csutyla@countylineseptic.com

Company Name:

Contractor Information

Name	Address	Email	License No	Lic. Expiration
CHRISTOPHER J SUTYLA	7 River Rd, WILLINGTON, CT 06279	csutyla@countylineseptic.com	6152	January 31, 2023

GENERAL INFORMATION

1. **Residential Single Family Number of Bedrooms 2 design flow (gpd) PERMITTED FLOW**
2. Water supply: **Private Well**
3. **Permit - Minor Septic Repair Description: Tank only**
4. **A PLAN DESCRIBING SYSTEM AND PROPOSED WORK MUST BE ATTACHED TO THIS APPLICATION.**
5. Description of System and Proposed Work: **Tank only**
 - Tank Type: **Double compartment** Capacity (gallons): **1,000**
 - Leaching System: Total square feet of ELA:
 - Type of trench or structure: **existing fields**
 - Other System Components:

Plan Info: **369 Lake Rd**Plan Date: **August 16, 2022**

Revision Date:

Contractor shall call for inspections and meet all conditions as required below:

Final inspection of completed sewage disposal system by EHHD

As-built drawing by installer on EHHD Form

Per plan dated 8-16-22.

IWWCA Upland review may be required.

Approve**d:** (Signature of Director of Health or Registered Sanitarian)Fee: **\$100.00**Date: **August 18, 2022**

FEES ARE NON-REFUNDABLE

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INSTRUCTIONS TO INSTALLER:

THE ATTACHED PERMIT TO CONSTRUCT IS APPROVED WITH THE FOLLOWING CONDITIONS:

1. This subsurface sewage disposal system installation must comply with Public Health Code Section 19-13-B103d and the approved plan- including all conditions noted on the attached permit and the Staking Verification Memo (for engineer designed plans).
2. After the permit to construct is approved, the installer must notify the Eastern Highlands Health District (EHHD) at least 24 hours prior to commencement of construction.
3. The licensed installer must contact EHHD to schedule all required inspections of the system construction. A minimum of 24 hours notice is required for all inspection requests.
4. The approval to construct will be valid for a period of one year from the date of issuance.
5. Approvals to construct may be renewed for an additional one year period by the director of health upon a demonstration of reasonable cause for the failure to start construction within the one year period (PHC 19-13-B103e(f)). You must contact the health district to request a permit renewal.

SELECT FILL MATERIAL used for this project must meet the specifications of the Technical Standards and approved plan. To demonstrate compliance, the installer must provide EHHD with the following documentation prior to placement of fill:

- For "bank run sand" a sieve analysis from the source pit that is 30 days old or less
- For state approved "manufactured fill" a sieve analysis from the source pile that is 60 days old or less. Additional testing may be required based on field observations by EHHD inspectors.

To contact the health district or schedule inspections, please call the sanitarian covering the town where the job is located:

Andover	Thad King	860-742-4036
Ashford	Lynette Swanson	860-429-3325
Bolton	Thad King	860-649-8066 x 6108
Chaplin	Lynette Swanson	860-429-3325
Columbia	Glenn Bagdoian	860-228-0440
Coventry	Glenn Bagdoian	860-742-4064
Mansfield	Thad King	860-429-3325
Scotland	Lynette Swanson	860-429-3325
Tolland	Holly Hood	860-871-3608
Willington	Holly Hood	860-487-3116

Please visit our website at www.ehhd.org for printable forms and applications.