



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

PERMIT TO CONSTRUCT OR REPAIR A SEWAGE DISPOSAL SYSTEM tank & field

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: September 6, 2023
Located At (Street Address): 226 ROUTE 6

Permit # S-23-224
Town: Andover

Owner Information:

Owner's Name: JENSEN HAROLD O
Owner's Address: PO BOX 206
Owner's Email Address:

Phone:

Applicant Information:

Applicant's Name: Andrew Dayon
Applicant's Address: 318 Norwich Salem Rd CT East Haddam 06423
Applicant's Email Address: ctseptic@gmail.com

Phone: 8608237800

Company Name:

Contractor Information

| Name | Address | Email | License No | Lic. Expiration |
|----------------|--|--------------------|------------|------------------|
| ANDREW H DAYON | 318 Norwich Salem Rd, East Haddam, CT 06423 | ctseptic@gmail.com | 6168 | January 31, 2024 |

GENERAL INFORMATION

- Residential Single Family Number of Bedrooms 3 design flow (gpd) 450 PERMITTED FLOW 450**
- Water supply: **Private Well**
- Permit - Major Septic Repair Description: Propose new 1,000 gallon septic tank with filter and 45' Eljen Mantis 536-8, 0" into existing grade**
- A PLAN DESCRIBING SYSTEM AND PROPOSED WORK MUST BE ATTACHED TO THIS APPLICATION.**
- Description of System and Proposed Work: **Propose new 1,000 gallon septic tank with filter and 45' Eljen Mantis 536-8, 0" into existing grade**
Tank Type: **Double compartment** Capacity (gallons): **1,000**
Leaching System: **45 FT** Total square feet of ELA: **495**
Type of trench or structure: **Eljen Mantis 536-8**
Other System Components:

Plan Info: **226 Route 6**

Plan Date: **August 1, 2023**

Revision Date: **September 6, 2023**

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

Stakes and Benchmark inspection by EHHD Prior to start of construction

Scarification inspection required before select fill placement.

IWWCA upland review required before construction.

Approved:

(Signature of Director of Health or Registered Sanitarian)

June 23-14
Submitted 09.07.23

Fee: **\$190.00**

Date: **August 31, 2023**

FEES ARE NON-REFUNDABLE

PERMIT TO CONSTRUCT OR REPAIR A SEWAGE DISPOSAL SYSTEM

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 | Christopher Buter | 860-871-3608 |
| Willington | Christopher Buter | 860-487-3116 |

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

