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: New Construction _____ Repair/Replacement System _____ Alteration/expansion _____

BASIS OF DESIGN: **Residential Use**: Number of Bedrooms _____ Multi-family dwelling? Y / N
Large bathtub? Y / N Discharging water treatment system? Y / N
Garbage disposal? Y / N Home occupation/business Use? Y / N

OR

Non-Residential Use: Design Flow _____ gallons per day

Provide Use Description and Flow Calculations: _____

_____

_____.

Soil Percolation Rate: _____ minutes/inch **Effective Leaching Area Required:** _____ sq. ft.

Minimum Leaching System Spread – MLSS Calculation:

Depth to Soil Restriction (mottling, ledge, etc.): _____ inches, Hydraulic Gradient/ Slope: _____ %

(HF) _____ x (FF) _____ x (PF) _____ = MLSS _____feet minimum trench length.

PROPOSED SYSTEM DESIGN DIMENSIONS AND CALCULATIONS:

Proposed Septic Tank Size: _____ gallons Tank Material: _____

Leaching System Type Proposed: (style/product name and unit size – h x w) _____

_____

Effective Leaching Area (ELA):

ELA Credit: SF/LF.: _____ x Total System Length _____ = effective leaching area provided: _____sq. ft.

MLSS provided: _____ feet. Maximum system depth into original grade: _____ inches.