Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234
860-774-7350 / Fax 860-774-1308 www.nddh.org

CHECK LIST FOR NON-ENGINEERED SSDS

These instructions provide the minimum requirements to assist installers as they prepare complete code-complying plans for new and repair subsurface sewage disposal systems. Installers must also refer to the Technical Standards, Public Health Code, soils data, and property specifics.

1. **The plan must include all of the following information:**
   - ☐ Property address and owner's name
   - ☐ Plan date
   - ☐ Installer's name and address
   - ☐ MLSS calculations (see next page)
   - ☐ Location, size, and type of sewer lines, couplings/cleanouts, septic tank, risers, and filter
   - ☐ Location and description of leaching system (distribution pipes, d-boxes, and leaching rows)
   - ☐ Select fill and C33 sand requires onsite testing and/or an approved wet sieve (within 30 days)
   - ☐ Property lines* and street location

     *Property lines- In accordance with the requirements of CT PHC section 19-13-B103e (c) (2) (C), all plans for the construction or repair of a SSDS must be submitted on or with "a plot plan of the lot, which shall be a surveyor's plan if available or one prepared from information on the deed or land records."
   - ☐ Building locations (including accessory structures)
   - ☐ Watercourses
   - ☐ Ground / surface water drains and drainage structures (including foundation drains and catch basins)
   - ☐ Buried utilities (Call Before You Dig at cbyd.com or dial 811)
   - ☐ Nearby wells and water service lines:
     - If the well is buried, it must be uncovered and visible in field
     - Indicate whether the well is drilled or dug
   - ☐ Existing ground elevations in the area of the proposed system and down gradient
   - ☐ Proposed system elevations (flow lines at house/sewer line connection, into and out of the septic tank, into and out of distribution boxes, and leaching rows)
   - ☐ Benchmark location and elevation (in/on a fixed / permanent object near the system)

2. **The plans must show the basis of design:** e.g., 3-bedroom home with perc design rate of 10.1-20 min/inch requires 1000-gallon tank and 675 square feet of effective leaching area-ELA**; and the proposed design**: e.g., Proposing 1000-gallon concrete tank and 225' of 4' x 1' stone trenches which provides 675 sq. ft. of ELA.

3. **The plan must show all separating distances or be drawn to scale:** e.g., 75' to well or 10' from building served.

4. **In the case of repairs, show all exceptions or variances requested:** e.g., distance to wells, property lines, structures, reduced size, central systems, system on another property, etc.

Pump Systems-Tech Standards VI: include pump chamber size (interior dimensions), pump make/model/size, pump curve (for Total Dynamic Head-TDH), dose volume and leaching capacity for dose (~20%), pressure line type/diameter/length/bends, on/off and alarm elevations, riser to grade, quick disconnect in riser, lift chain/rope, frost protection/weep hole, 24 hour storage capacity or dual alternating pumps, separate circuit for alarm/pump, building official permit required and auditory/visual alarm. Consider buoyancy (floating) for areas with high groundwater and/or plastic pump chambers.

All required information must be provided with the plan per CT PHC 19-13-B103e (c) (3). Incomplete plans will be returned for revision. An approved plan and an approved permit to construct are required prior to any system construction.

WORKSHEET FOR NON-ENGINEERED SSDS

Date:_____

Property Address:_____ Town:_____

Property Owner:_____

Plan designed by:_____

Title:_____ License #:_____

Mailing Address:_____ Email:_____

Plan Type (circle one): New Full Repair (tank and leaching) Partial Repair

If Partial Repair (circle all that apply): Sewer Line Tank Distribution Line D-Box Leaching

---

Basis of Design (circle one): Residential Commercial

Number of bedrooms or Design flow:_____ Large tub: Yes__ No__ Garbage Disposal: Yes__ No__

Water treatment system: Yes__ No__ If yes, is there a separate system for backwash discharge? Yes__ No__

Soil perc rate: _____min/inch Effective Leaching Area (ELA) required:_____ft^2

Required: Minimum Leaching System Spread (MLSS) or length of system calculations if RS <60"

RS or Depth to soil restriction (mottling/redox, ledge, etc.):_____inches Hydraulic Gradient or slope: ____%

(HF) _____ x (FF) _____ x (PF) _____ = MLSS (in feet) _____ (tables for HF, FF, and PF on last page)

If you are using fill to increase the RS, please include a separate worksheet or cross-section that shows additional information and calculations.

Proposed Design Information:

Proposed septic tank size:_____ Gallons or using existing Tank (must be inspected and in good condition):____

Type (circle one): Concrete or Plastic Watertight: Yes___ No___ H20 load rated: Yes___ No___ Filter type:___

Tank risers needed: Yes___ No___ If yes, covers left on tank: Yes___ No___ Safety device installed: Yes___No___

Description of proposed leaching system:_____

ELA credit ft^2 / linear ft:_____ x Total length of system:_____ = ELA provided:_____ ft^2

MLSS provided:_____ft Maximum leaching system depth into original grade: _____inches

Variances requested:_____

Pump system needed: Yes __ No __ If yes, see #5 on first page for necessary items and contact the pump manufacturer for proper pump selection based on the vertical height, does, and pipe type/size/length/bends.