

Dear Permittee:

The Chatham Health District is initiating a subsurface sewage disposal management program which is beginning the Spring of 2009. The new regulation requires the re-issuance of Permits to Discharge for these systems in line with Connecticut Statutes. I want to outline what I think are benefits for system users, and why participation will be valuable to you.

The Value to the Property Owner

1. This is a Legal Document that makes the discharge of the wastewater you generate lawful.
2. Your system siting is reviewed by the District as part of the renewal process and compliance with health code is determined. If exceptions (ex. – system too close to property line) are required they are noted on the permit. If previous exceptions noted have been cleared due to repairs or health code revisions, they are removed.
3. Your system design and the basis for the gallons allowed is reviewed and reissuance means that the system can continue to absorb the waste water without breakout or detriment to ground water quality.
4. This review assures that proper maintenance (for which you are responsible) has been done which helps to prevent more costly repairs.
5. The following documents that pertain to your subsurface sewage disposal system will be noted either as on file or not:
 - a. Soil test report.
 - b. Site plan.
 - c. Construction permit.
 - d. Approved as-built used to locate the septic tank and leaching field.
 - e. Final inspection report.
 - f. Pump-out report.

With a concerted effort from you, the system user, wastewater system pumpers/installers, and the Chatham Health District we can manage onsite systems so that costly centralized sewer systems can be avoided. The demonstration of effective management is essential to maintaining a healthy environment. Such stewardship will allow additional incentives from the State over time, making available alternative treatment systems not currently allowed and possible funding for system maintenance and repair.

Sincerely,

Thad King
Director of Health
Chatham Health District

CHATHAM HEALTH DISTRICT

Serving the Towns of East Haddam, East Hampton, Haddam, Hebron, Marlborough & Portland

Renewal - PERMIT TO DISCHARGE

Approval is hereby given to _____ in accordance with Public Health Code Section 19-13-B 103e (h) to discharge to a subsurface sewage disposal system located at:

(Property Owner)

(Street Address)

in the town of _____, CT that will receive domestic sewage from a:

Residential building containing _____ bedrooms. Single family (YES/NO): ____.

Restaurant containing _____ seats.

Commercial/Office building providing _____ square feet.

Other structure as described: _____

Design Flow = _____ gallons per day. Permitted Flow = _____ gallons per day.

The design flow shall equal the permitted flow, except for non-compliant repairs (See Section IV D).

In order to provide a sufficient factor of safety it is recommended that the average daily discharge not exceed 2/3 of the design flow or _____ gallons per day.

Operation and Maintenance: The septic tank shall be inspected regularly and cleaned as needed but not less frequently than every five years. The septic tank has an effluent filter (YES/NO). Effluent filters require periodic cleaning. Failure to clean the filter could result in a backup of sewage into the building or effluent breakout. Restaurants serviced by external grease interceptor tank(s) require quarterly inspections and cleaning as necessary. Septic tank pump-outs are tracked by local health department for renewal of permits to discharge. _____

Special Requirements and Restrictions: 1. Wastewater from water treatment systems cannot discharge to the subsurface sewage disposal system. 2. Septic system malfunction or failure must be addressed. _____

Exceptions (Repairs Only):

File Information: Construction Permit No. _____ Approved as-built on file (YES/NO) _____

Soil Tests on file (Yes/No) _____ Site Plan on File (Yes/No) _____ A-2 (Yes/No) _____

Date of Final Inspection: _____ Inspected By: _____ Pump-out Report _____

Permit Issuance: Issued by: _____ Title: _____

(Director of Health or Registered Sanitarian)

Signature: _____ Date: _____

Permit expiration date (5 years from issuance date): _____

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