



Town of Greenwich
Department of Health
Division of Environmental Services

Checklist for **100% Septic System Replacement Area**

Job Site: _____

Owner: _____

Engineer/ Installer: _____

circle (O) = deficiencies; check mark (✓) = satisfactory

- Minimum size drawing accepted will be 11"x 17".
- Plan drawn to scale: 1" = 20'. Plot plan and property lines required. North arrow must be shown on plan.
- Septic tank location and size. If pump chamber required, show location.
- Soil test data and percolation information must be shown on plan including location of deep test and percolation test holes.
- If the 100% Replacement Area is in an Area of Special Concern, provide a note that should this design need to be installed, a licensed Professional Engineer will need to submit a separate proposal to the Health Department.
- Written description of proposed work to be conducted on dwelling along with existing and/or proposed leaching system. Required leaching area by code. Example: existing 3 bedroom dwelling with a proposed 1 bedroom addition. A percolation rate of 1" in 20 minutes = 225 square feet per bedroom. 4 bedrooms require 900 square feet. 900 square feet of leaching area will be provided with 3 rows of 3' wide leaching trenches at 100' long.
- Leaching system layout shown to scale.
- Minimum Leaching System Spread (MLSS) requirements. This should include calculations to obtain the MLSS. HF, PF, FF, as well as elevations used to calculate slope (from just above proposed system to 25 - 50 feet down slope of system). Indicate location of down-gradient test hole. Show required spread vs. proposed spread.
- Locate existing wells with a 75' protective radius, swimming pools, drainage. All setbacks as per local code and state Technical Standards must be met.

Title box must be placed in the lower right hand corner and shall include:

- 100% Replacement Area
- Owner's name with mailing address if different from site address
- Project address: include street name, house #, lot # and parcel ID #
- Scale of drawing
- Date
- Installer/ Engineer's name

Comments: _____

Reviewed by: _____

Date: _____

Revision Information

contact	date	revision fee	comments