



PAID

ASPETUCK HEALTH DISTRICT

AUG 09 2023 APPLICATION TO CONSTRUCT, ALTER OR REPAIR A SEWAGE DISPOSAL SYSTEM

Fee is Non-Refundable Application is Non-transferable

- NEW \$495.00
REPAIR/ALTERATION W/LEACHING \$385.00
REPAIR/ALTERATION TANK ONLY \$220.00
B-100A REVIEW \$150.00
PLAN CHANGE FEE \$195.00

Please TYPE or PRINT.

ASPETUCK HEALTH DISTRICT

HLTH-2023-00223

Three copies of detailed scaled plans must be submitted with this application. Soil test data, acceptable to the Director of Health, must be on file at the Health District.

Plans Prepared by:

- Installer
Professional Engineer

Sewage Failure Confirmed (Describe):

Date: Sanitarian Initials:

Location: 50 Roseville Road

- Westport Weston Easton

Owner: Stanley Pankos Address: 50 Roseville Road Tel: (203) 557-8948
Kousidis Engineering, LLC Sign: J. Kerito authorized agent Date: 08/09/2023

RESIDENTIAL STRUCTURE:

Age of structure (years) New
No. of bedrooms: 5
No. tubs greater than 99 gal. overflow: 0
Garbage disposal: Yes No
Water treatment softener/filter Yes No
Water supply: Well Public
Fixtures in basement Yes No
Other:

NON-RESIDENTIAL STRUCTURE:

Type (Store, Office, etc.):
Design criteria:
LOT:
Part of subdivision: Yes No
Subdiv. name:
Date of approval:
Lot size:

Public supply watershed. Yes No
Public sewer access Yes No
Wetlands Yes No
Flood zone Yes No
Footing drains Yes No
Curtain drains Yes No
Stormwater drywell Yes No

System to consist of: 1,250 Gallon Septic Tank and Geomatrix S-Box SB1-13-36/ 45LF/ 661.5 SF
Septic Tank Size/Pump Chamber Leaching Area: Description / LINEAL Feet / SQ. FT.

Licensed Installer: Name (PRINT) Signature License No. Date

For Health District Use Only - Do Not Write Below this Line

Plan reviewed by: Approved: By:
Date Sanitarian's Signature

AHD Comments: Test during Wet Season: Percolation Rate: 1/10 1/20 1/30 1/45 1/60 Area of Special Concern: Yes No
Restrictive Layer: inches Engineering Design Required: Yes No MLSS (ft):

DOCUMENTS NEEDED TO ISSUE PERMIT TO DISCHARGE

Table with columns: Yes, No, Date Received, Initials. Rows include Sieve Analysis, Fill Percolation Rate, As BUILT of system, Engineer's approval, Well Permit, Well Completion Report, Water Analysis.

Conditions:

WQU to have no drains

Approval to construct by: Sanitarian's Signature Date

Created: Date / Initials

Permit to Discharge by: Sanitarian's Signature Date

Created: Date / Initials



ALTA-2022-00704

ASPETUCK HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855

Telephone: (203) 227-9571

Fee is non-refundable.
Fee: \$285.00 Initials: *gw*

PAID

DEC 20 2022

APPLICATION FOR A NEW HOUSE

DATE: 12/20/22

OWNER'S NAME: Stanley Pinkus ASPETUCK HEALTH DISTRICT

PROPERTY ADDRESS: 50 Roseville Rd Westport 06880 TEL. No: 516-330-1570
STREET TOWN ZIP

NEW HOUSE: No. of Bedrooms 5 No. of Bathrooms: 5.5

Finished Basement: Yes No Finished Attic: Yes No
Proposed Tubs more than 99 gallons: Yes No

WATER SUPPLY: Public Water Yes No
Private Well Yes No

Footing drains required: Yes No Water treatment Proposed: Yes No
Lawn irrigation Proposed: Yes No Geothermal wells proposed: Yes No

Septic System Design Engineer: Fairfield County Engineering LLC (Wayne D'Avanzo)

Proposed Septic System: 1250 gallon / No pump chamber 65 LF, 910 SF (Geomatrix GST6218)
Tank Size Leaching

OWNER OR DULY AUTHORIZED REPRESENTATIVE (PRINT) Quesited Consulting LLC (Katie Wagner)

Signed: *K. Wagner* Date: 12/20/22
Owner or Duly Authorized Representative

Contact Telephone No: 203-223-1125

AHD REMARKS:

CONDITIONS: new SSPI to be installed

APPROVED: *J. Hall* Date: 3/9/23

Septic As-built received: YES NO Date: _____
Well water approved: YES NO Date: _____
Well completion report received: YES NO Date: _____

FINAL INSPECTION: _____ Date: _____

SANITARIAN

FINAL REMARKS: _____



PAID

MAR 07 2023

ASPETUCK HEALTH DISTRICT

ASPETUCK HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855 Telephone: (203) 227-9571

Fee is non-refundable. \$ 220.00 Initials: JW

HLTH-2023-00055

APPLICATION FOR A BUILDING ADDITION, BUILDING CONVERSION, RENOVATION OR ACCESSORY STRUCTURE

Date: 2/1/23 Owner's Name: Stanley Pinkus

Property Address: 50 Roseville Road Westport 06880 Tel. No.: 516-330-1570

Type of Application: [] Building Addition [] Renovation [x] Accessory Structure (Deck, Garage, Porch) [] Building Conversion, Change in Use (Winterization)

Give a Brief Description of Proposed Application: (Performing winterization; type and number of rooms being added; square footage of house addition, type of structures to be added, and footprint change, etc.) New retaining wall

Addition/Renovation: No. of bedrooms: No. of bathrooms: No. water use fixtures: Increase in house footprint? [] Yes [] No No. of other rooms: No. of tubs more than 99 gal.: Heat? [] Yes [] No Approximate proposed increase in floor area (in Sq. Ft.) Are footing or foundation drains required? [] Yes [] No

Existing Structure: [] Residential [] Non-Residential (Describe): No. of bedrooms: No. of bathrooms: No. of oversized tubs (>99 gal.): Approximate floor area (in Sq. Ft.) Water supply: [] Private well [] Public water Footing or foundation drains present? [] Yes [] No

Existing Septic Year system was installed? [] New [] Repair Public sewer available? [] Yes [] No Size of septic tank: gals. Size and type of leaching system: Curtain drain? [] Yes [] No Has any soil testing been performed on the property? [] Yes [] No If yes, when and by whom? Owner or Duly Authorized Representative (Print) Contact Phone Number:

Signed: [Signature] Date: 3/7/23

ASPETUCK HEALTH DISTRICT REMARKS:

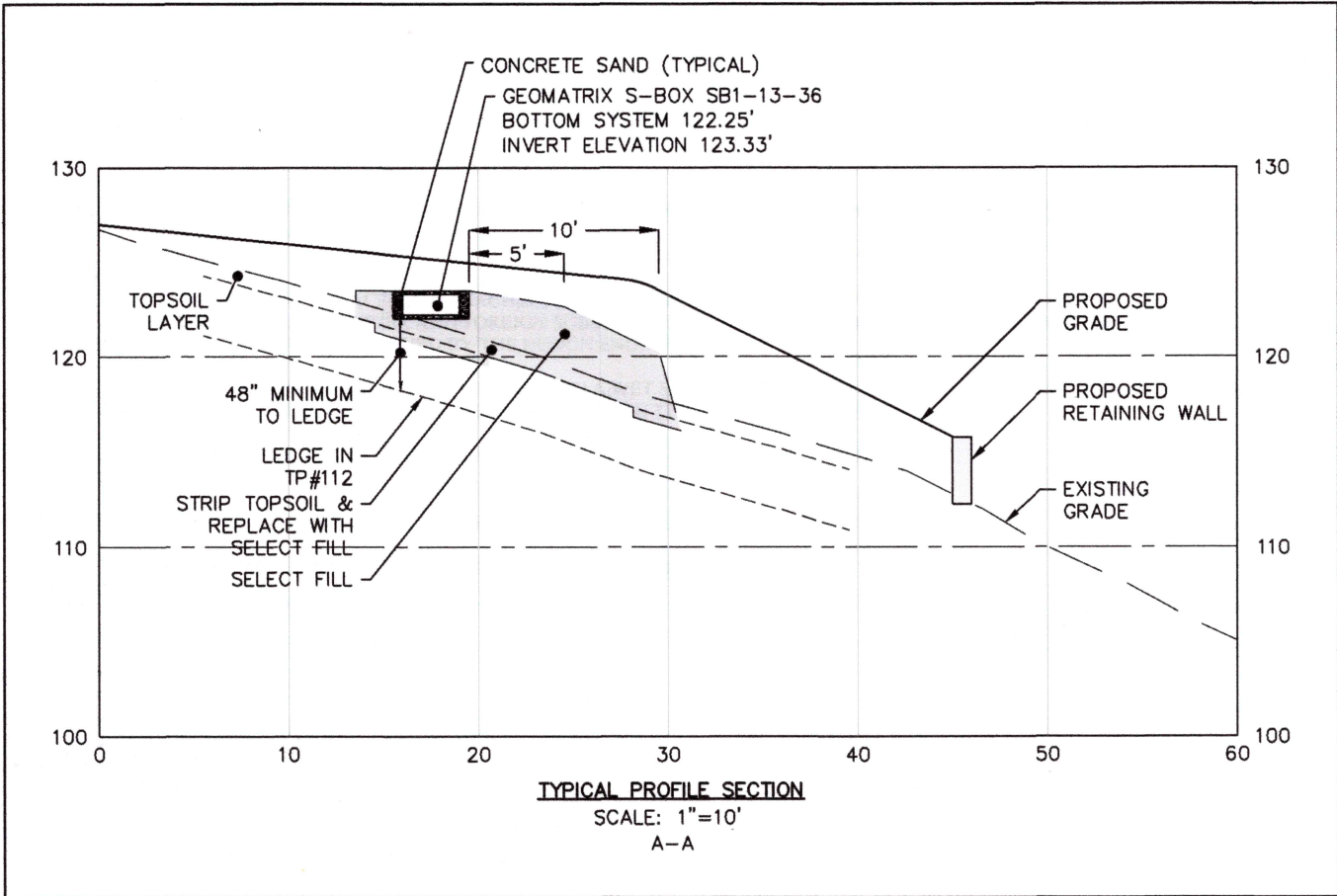
- Compliance with 19-13-B100a required [] Yes [] No
Possible storm drainage structure required by Engineering [] Yes [] No
Soils evaluation required [] Yes [] No
SSDS proposal required [] Yes [] No
Wetlands [] Yes [] No [] Don't know

Comments: Wall to be minimum of 50' from SSDI

APPROVAL: Approved: [Signature] DATE: 3/9/23

FINAL AHD INSPECTION REQUIRED AT COMPLETION OF JOB Yes [x] No []
Final Inspection/Final Approval: Sanitarian Date

Percolation Rate: 1.710 min. (Design Rate)
 Effective Leaching Area Required: 660 sq. ft.
 Effective Leaching Area Provided: (45LF)(14.7SF/LF)=661.5 SF
MLSS REQUIREMENTS:
 RESTRICTIVE LAYER: $[TP\#112 + ((TP\#109 + TP\#113)/2)]/2$
 RESTRICTIVE LAYER: $[48" + ((60" + 48")/2)]/2 = 51"$
 SLOPE = >15%
 HYDRAULIC FACTOR: 10
 PERCOLATION FACTOR: 1.00 (1"/10MIN)
 FLOW FACTOR: 2.00 (5-BEDROOM DESIGN)
 MLSS: $16 \times 1.0 \times 2.00 = 20LF$
 MLSS PROVIDED: 45LF



SITE DEVELOPMENT PLAN

50 ROSEVILLE ROAD

WESTPORT, CT

Prepared for

STANLEY & NATALIA PINKUS

RECEIVED

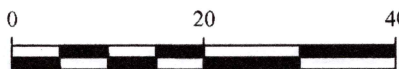
AUG 09 2023

ASPETUCK
HEALTH DISTRICT



SCALE:

1" = 20'



DATED: 08/09/2023

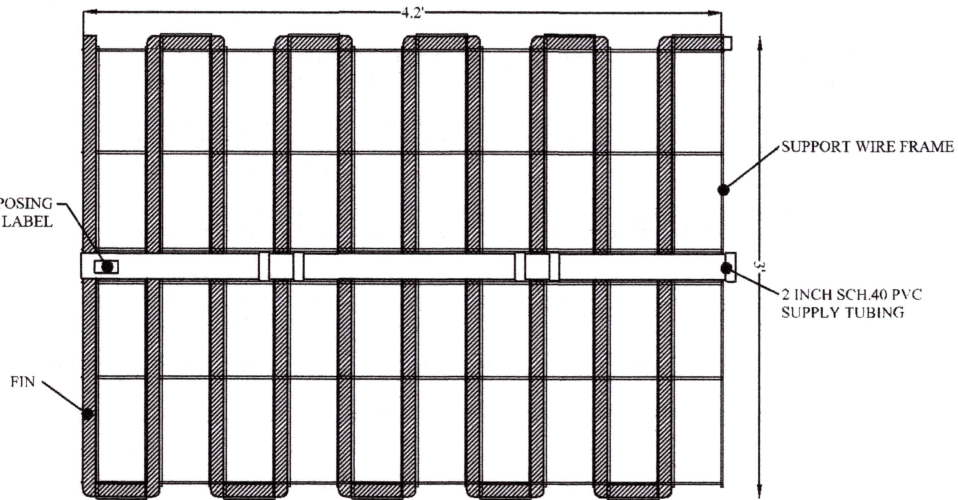
JOB NO: SP23-1

SHEET NO: 1 of 2

KOUSDIS ENGINEERING, LLC

Land Development Consultants and Site Design

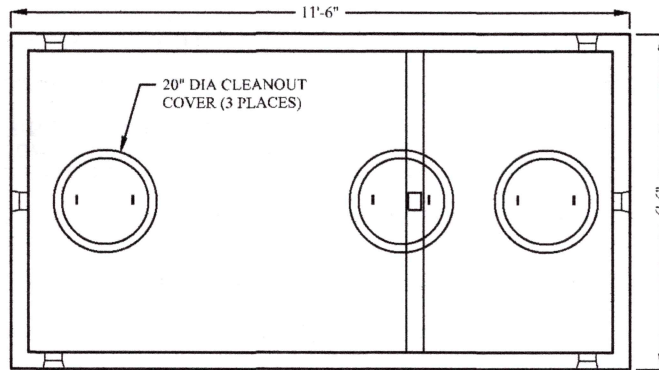
NON-DECOMPOSING
PRODUCT IDENTIFICATION LABEL



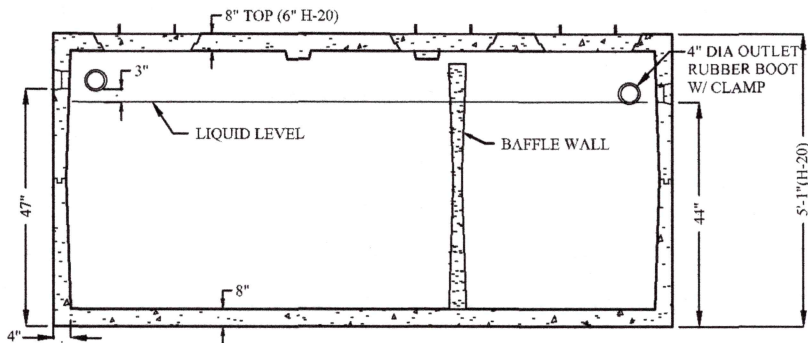
GEOMETRIX S-BOX (SB1-13-36)

N.T.S.

PLANS APPROVED FOR	DATE	REFERENCE
DEPARTMENT	DATE	REFERENCE
HEALTH	8/17/03	See stamped plan
CONSENTATION		
ENGINEERING		
P & Z		



PLAN VIEW



NOTES:

1. CONCRETE 4,000 PSI MINIMUM STRENGTH AFTER 28 DAYS
2. DESIGN CONFORMS WITH 310 CMR, 15.00, DEP TITLE 5 REGS, FOR SEPTIC TANKS
3. ALL REINFORCEMENT PER ASTM C1227
4. TONGUE & GROOVE JOINT SEALED WITH BUTYL RESIN
5. TANKS ALSO AVAILABLE IN H-20 LOADING

1250 GALLON SEPTIC TANK

N.T.S.

THERE ARE NO WELLS LOCATED WITHIN 75' OF THE PROPOSED SEPTIC SYSTEM

ASPETUCK HEALTH DISTRICT
The Engineer of Record

John Kavalley
I, *John Kavalley*, shall certify to the Health District, in writing, that the sewage disposal system has been installed in accordance with the plans submitted and approved.

ALL EXISTING AND PROPOSED SEWER DISPOSAL AREAS SHOULD BE ADEQUATELY FIELD LOCATED AND MARKED TO PREVENT VEHICULAR AND EQUIPMENT TRAFFIC OUT OF THESE AREAS

NOTE: TWO (2) BENCHMARKS TO BE SET BY A CONNECTICUT SURVEYOR