

Trianovich, Amanda

Subject: FW: P&Z REQUEST FOR COMMENTS: 28 Beachside Avenue, Coastal Site Plan Appl.
#PZ-24-00538

From: Mark Cooper <mcooper@aspetuckhd.org>

Sent: Tuesday, November 5, 2024 9:58 AM

To: Trianovich, Amanda <atrianovich@westportct.gov>

Subject: Re: P&Z REQUEST FOR COMMENTS: 28 Beachside Avenue, Coastal Site Plan Appl. #PZ-24-00538

CAUTION: This email originated from outside of the Town of Westport's email system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Amanda - The Health District's comments from the September 24th memo are still valid. Staff has compared the plans submitted to P&Z as part of Application PZ-24- 00538 with the site plan approved by the Health District for installation of the septic system. They appear to be the same. The Health District has no objection to P&Z's Coastal Site Plan approval.

Mark A.R. Cooper, Director of Health Aspetuck Health District

From: [Mark Cooper](#)
To: [Trianovich, Amanda](#)
Subject: Re: P&Z REQUEST FOR COMMENTS: 28 Beachside Avenue, Coastal Site Plan Appl. #PZ-24-00538
Date: Tuesday, September 24, 2024 8:41:59 AM
Attachments: [image001.png](#)
[image003.png](#)
[image005.png](#)

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Amanda - Staff has compared the plans submitted to P&Z as part of Application PZ-24-00538 with the site plan approved by the Health District for installation of the septic system. They appear to be the same. The Health District has no objection to P&Z's Coastal Site Plan approval.

Mark A.R. Cooper, Director of Health
Aspetuck Health District

From: Trianovich, Amanda <atrianovich@westportct.gov>
Sent: Monday, September 23, 2024 2:08 PM
To: Kelly, Colin <ckelly@westportct.gov>; Mark Cooper <mcooper@aspetuckhd.org>; Gill, Edward <egill@westportct.gov>
Subject: FW: P&Z REQUEST FOR COMMENTS: 28 Beachside Avenue, Coastal Site Plan Appl. #PZ-24-00538

Hello,

I received an undeliverable notice as the first email was too large to send. Therefore, I have removed some attachments but they can all still be viewed on the website or Accela.

If you received the first message I apologize for the second!!

Amanda Trianovich, CZEO

Planner
(203) 341-1077



From: Trianovich, Amanda



HLTH-2024-00234

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

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

PLAN CHANGE FEE: \$195.00

APPLICATION FOR A NEW HOUSE

PAID

DATE: 8/1/24

OWNER'S NAME: DAVID HASSON, TRUSTEE

OCT 11 2024

PROPERTY ADDRESS: 28 BEACHSIDE AVE WESTPORT, CT 06880 TEL. NO: (516) 488 - 8400 ASPETUCK HEALTH DISTRICT
STREET TOWN ZIP

NEW HOUSE: No. of Bedrooms 5 No. of Bathrooms: 5 FULL & 3 HALF

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: NICHOLAS MARIANI, P.E.

Proposed Septic System: 1500 GAL TANK; 32'- 30" GREENLEACH (GLF 30-72NF) = 710.4 SF ELA
Tank Size Leaching

OWNER OR DULY AUTHORIZED REPRESENTATIVE (PRINT) WILLIAM J. CHAPPA, JR

Signed: *William J. Chappa, Jr* Date: 10/10/24
Owner or Duly Authorized Representative

Contact Telephone No: (203) 218 - 8270

AHD REMARKS:

CONDITIONS:

Change of plan bedran cant to
stay the same new 5 bedran will to be
installed part in basement ok

APPROVED: *J. Han* Date: 10/11/24

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: _____



ASPETUCK HEALTH DISTRICT

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

Fee is non-refundable.
\$ 220 Initials: *MR*

PAID

AUG 01 2024

HEALTH-2023-00237

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

Date: 8/1/24 Owner's Name: DAVID HASSON, TRUSTEE

Property Address: 28 BEACHSIDE AVE WESTPORT 06880 Tel. No.: (516) 488-8400
Street Town ZIP

Type of Application: Building Addition Renovation 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.)
CONSTRUCT 2,104 SF POOL PATIO WITH LOUVERED PEGOLA

Addition/Renovation: No. of bedrooms: 0 No. of bathrooms: 0 No. water use fixtures 0
Increase in house footprint? Yes No No. of other rooms: 0 No. of tubs more than 99 gal.: 0 Heat? Yes No
Approximate proposed increase in floor area (in Sq. Ft.) 0 Are footing or foundation drains required? Yes No
PROPOSED

Existing Structure: Residential Non-Residential (Describe):
No. of bedrooms: 5 No. of bathrooms: 5 FULL & 3 HALF No. of oversized tubs (>99 gal.) 0
Approximate floor area (in Sq. Ft.) 3,850 Water supply: Private well Public water
Footing or foundation drains present? Yes No
PROPOSED

Existing Septic Year system was installed? 2024 New Repair Public sewer available? Yes No
Size of septic tank: 1500 gals. Size and type of leaching system: 32 L.F. - GREANLEACH (GLF 30-72NF) = 710.4 SF ELA
Curtain drain? Yes No Has any soil testing been performed on the property? Yes No
If yes, when and by whom? CHAPPA SITE 2/17/21

Owner or Duly Authorized Representative (Print) WILLIAM J. CHAPPA, JR Contact Phone Number: (203) 218 - 8270
Signed: *William J. Chappa, Jr* 8/1/24
Owner or Duly Authorized Representative Date

ASPETUCK HEALTH DISTRICT REMARKS:

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

Comments: New SSDS to be installed

APPROVAL: Approved: *J. Green* DATE: 8/14/24

FINAL AHD INSPECTION REQUIRED AT COMPLETION OF JOB		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Final Inspection	Final Inspection/Final Approval:	Sanitarian	Date



HLTH-POOL-2024-00236

PLAN CHANGE FEE - \$195.00

PAID

OCT 11 2024

Plan Change
6/19/24

APPLICATION FOR REVIEW OF PLANS FOR PROPOSED SWIMMING POOL/SPA

Please TYPE or PRINT. Complete all items to bold line. Two copies of plot plan must be submitted with this application.

Location: 28 BEACHSIDE AVE Westport Weston Easton
Street Address Lot Number

Owner: DAVID HASSEN, TRUSTEE Address: 3000 MARCUS AVE, STE 1W5; LAKE SUCCESS Tel: (516) 488-8400

Built By: NATURAL AQUATICS, LLC Address: 5 COMMERCE ROAD, NEWTOWN Tel: (203) 743-7665

Type of Pool: GUNITE
Size of Pool: 36' x 12.5'
Distance of Pool From:
 Dwelling: IN CELLAR Water Course/Wetlands 50'+
 Septic Tank: 25'+ Leaching Area: 25'+
 Well: N/A
Drinking Water Supply: Public Private

Pool Filter: HAYWARD HIGH-CAPACITY
 Type: CARTRIDGE Size: 700 SF/150 GPM
 Location (Show on plan): ON PLAN
 Source of water: TRUCK
 Location of draining wastewater discharge, if applicable: N/A

Brief Description of Application: CONSTRUCT A 12.5' x 36' IN-DOOR SWIMMING POOL

Has any soil testing been performed on the property? Yes No
If yes, when and by whom? CHAPPA SITE CONSULTING, LLC 2/17/21

Signed: [Signature] 10/10/24
Owner or Duly Authorized Representative Date

AHD REMARKS:

- Compliance with 19-13-B100a required Yes No
- Permit to Construct required (if accessory structures proposed)..... Yes No
- Soils evaluation required..... Yes No
- Surveyors as-built required..... Yes No
- SSDS proposal required Yes No

Conditions: Cart only. A.H.C. OK
Pool inside - basement

APPROVAL: Approved: [Signature] Date: 10/11/24

FINAL AHD INSPECTION REQUIRED AT COMPLETION OF JOB Yes No
It is the responsibility of the contractor or homeowner to arrange for final inspection.

Final Inspection

Final Inspection/Final Approval: _____
Sanitarian Date

Remarks: _____



PAID

AUG 13 2024

ASPETUCK HEALTH DISTRICT

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

Non-Refundable Fee:
Approval Valid for One Year

ALTA-2024-00235

APPLICATION FOR REVIEW OF PLANS FOR PROPOSED TENNIS/SPORT COURT

Please TYPE or PRINT. Complete all items to bold line. Two copies of plot plan must be submitted with this application.

Location: 28 BEACHSIDE AVE [X] Westport [] Weston [] Easton
Owner: DAVID HASSON, TRUSTEE Address: 3000 MARCUS AVE, STE 1W5; LAKE SUCCESS, CT 06880
Built By: SOUND BUILDING LLC Address: 21 HUNTINGTON RIDGE RD, BROOKFIELD, CT 06804

Type of Tennis Court: (SPORTS) CONCRETE
Drinking Water Supply: [X] Public [] Private
Distance of Tennis Court from:
Dwelling: 94' Water Course/Wetlands 215'
Septic Tank: 160' Leaching Area: 145'
Well: N/A

Drains: [X] Yes [] No
Distance of drains to septic system: 145'
(Minimum separating distance is 25 feet. If drain down gradient from sub-surface sewage disposal system, then 50 feet.)

Brief description of Application: CONSTRUCT A 20' x 44' SPORTS COURT

Has any soil testing been performed on the property? [X] Yes [] No
If yes, when and by whom? CHAPPA SITE CONSULTING, LLC 2/17/21

Signed: [Signature] (AGENT) Date: 8/13/24
Owner or Duly Authorized Representative

AHD REMARKS:

- Compliance with 19-13-B100a required..... [] Yes [] No
Soils evaluation required..... [] Yes [] No
SSDS proposal required [] Yes [] No
Permit to Construct required (if accessory structures proposed) [] Yes [] No

Conditions: new SSDS to be installed

APPROVAL: Approved: [Signature] Date: 8/14/24

FINAL AHD INSPECTION REQUIRED AT COMPLETION OF JOB Yes [X] No []
It is the responsibility of the contractor or homeowner to arrange for final inspection.

Final Inspection

Final Inspection/Final Approval: _____ Date: _____
Sanitarian

Remarks: _____