HLTH-2025-00350

PAID
SEP 18 2025
ASPETUCK HEALTH DISTRICT
Fee $310.00
Non-refundable

ASPETUCK HEALTH DISTRICT

Aspetuck Health District 180 Bayberry Lane Westport, Connecticut 06880
T: 203.227.9571 F: 203.221.7199 W: www.aspetuckhd.org

APPLICATION FOR A NEW HOUSE

DATE: 9/16/2025 OWNER'S NAME: Michelle Blank and Frederick Jackson

PROPERTY ADDRESS: 117 Beachside Avenue (STREET) Westport (TOWN) 06880 (ZIP) TEL. NO: 201-321-9321

NEW HOUSE: No. of Bedrooms 3 (4 future) No. of Bathrooms: 2 ½ (4 ½ future)

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: Mark Ochman, PE LS

Proposed Septic System: 1250 gallons (Tank Size) 42 LF of GST 6218 (Leaching) Effective Area: 588.0 sq ft

OWNER OR DULY AUTHORIZED REPRESENTATIVE (PRINT) Ochman Associates, Inc. Mark Ochman, PE LS

Signed: Mark Ochman Date: 09/16/2025
Owner or Duly Authorized Representative

Contact Telephone No: 203-268-9194 Contact Email: mark@ochmanassociates.com

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AHD REMARKS:

CONDITIONS: Dwelling is a 4BR dwelling per CT PHC; 3BR on 2nd floor 1BR on first floor.
Dwelling shall be served by public water and a new 4BR sized septic system per PE plan dated 9/13/25.

APPROVED: MPH RS **Date:** 10/1/25

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:

HLTH-2025-00349

PAID

ASPETUCK 2025 HEALTH DISTRICT

ASPETUCK HEALTH DISTRICT

FEE IS NON-REFUNDABLE
APPLICATION IS NON-TRANSFERRABLE

FEES
NEW $535.00
B100A REVIEW $200.00
REPAIR/ALTERATION W/LEACHING $410.00
REPAIR/ALTERATION TANK ONLY $260.00
PLAN CHANGE $205.00

APPLICATION TO CONSTRUCT, ALTER OR REPAIR A SEWAGE DISPOSAL SYSTEM

Three copies of detailed scaled plans must be submitted with this application. Soil test **Plans Prepared by:** data, acceptable to the Director of Health, must be on file at the Health District. Installer ☐ Professional Engineer ☑

Sewage Failure Confirmed (Describe:)
Septic System for New Single-Family Residence

Date: _____ **Sanitarian Initials:** _____

Location: 117 Beachside Avenue (Street Address) | Assessor Map I-06 • Lot 3 (Lot Number) | Westport (Town)

Owner: Frederick E. Jackson & Michelle Blank Address: 2 Gaylea Drive, Brandford, CT 06405 Tel: (201) 321-9321

Agent: Ochman Associates, Inc. (Mark Ochman, PE LS) (Print Name of owner or duly authorized agent) | Mark Ochman (Signature of owner or duly authorized agent) | 09/16/2025 (Date)

RESIDENTIAL STRUCTURE:
Age of structure (years) ..... New
No. of bedrooms: 4
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 consists of: 1250 Gal. Septic Tank (Septic Tank Size/Pump Chamber) and 42 LF of GST 6218, effective area of 588.0 SF (Leaching Area: Description / Lineal Feet / Sq. Ft.)

Licensed Installer: To be Determined (Name (Print)) | _____ (Signature) | _____ (License No) | _____ (Date)

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

Plan reviewed by: RS Approved: 10/1/25 (Date) By: _____ MPH, RS (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: 93 inches *Engineering Design Required:* ☑ Yes ☐ No *MLSS* (ft): NA DTR >60'

DOCUMENTS NEEDED TO ISSUE PERMIT TO DISCHARGE

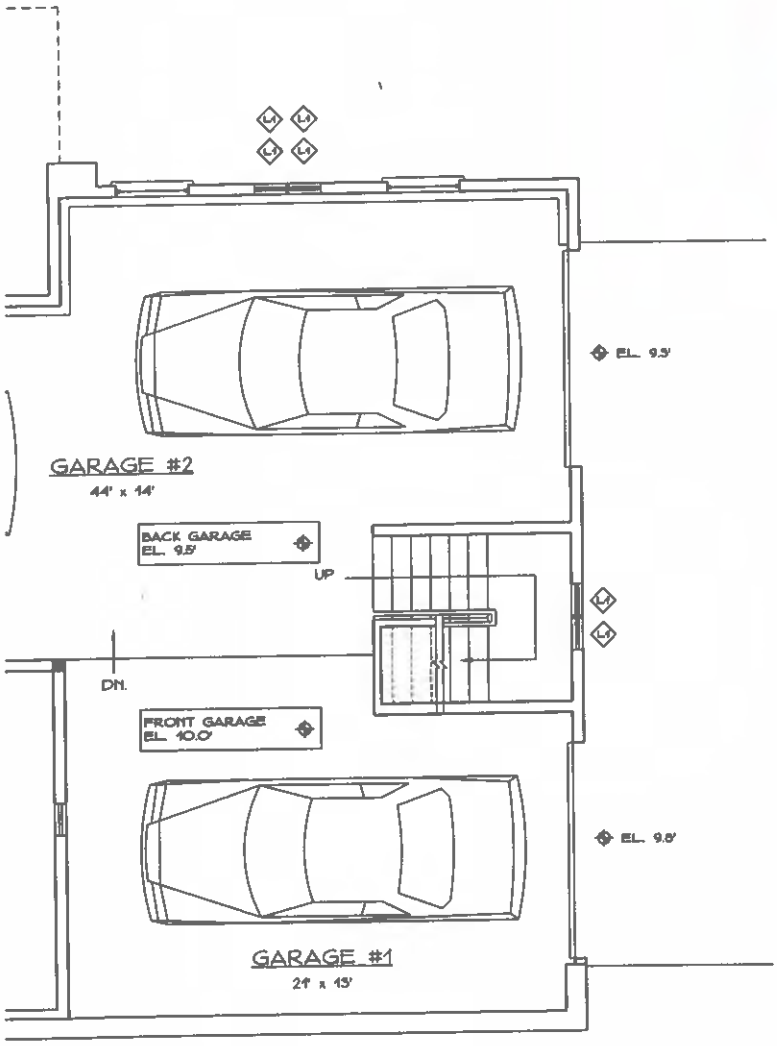
	Yes	No	Date Received	Initials
Sieve Analysis	☑	☐		
Fill Percolation Rate	☑	☑		
As Built of System	☑	☐		
Engineer's approval	☑	☐		
Well Permit	☐	☑		
Well Completion Report	☐	☑		
Water Analysis	☐	☑		

Conditions:
- Back fill disturbed areas w/ select fill to elevation 9.0' per PE plan.
- Install per PE plan dated 9/13/25.
- NO DRAINS w/in 50' down grade of system.
- See permit.

Approval to construct by: _____ (Sanitarian) _____ (Date) Created: _____ Date/Initials _____

PLANS APPROVED FOR New 4BR House			
DEPARTMENT	DATE	SIGNATURE	REFERENCE
HEALTH	10/17/25	[signature]	
CONSERVATION			
ENGINEERING			
P&Z			

* 1 on first
3 on 2nd



RECEIVED
SEP 18 2025
ASPETUCK
HEALTH DISTRICT

DO NOT SCALE DRAWINGS. ALL DIMENSIONS SHALL BE ASSUMED UNTIL VERIFIED IN FIELD.

DRAWINGS ISSUED FOR HEALTH DEPARTMENT REVIEW ONLY:

12 SEPTEMBER 2025
17 SEPTEMBER 2025

NOT FOR CONSTRUCTION

N

FLOOD OPENING LOUVER SCHEDULE				
SYMBOL	UNIT	MODEL	ROUGH OPENING	REMARKS
L1	SMART VENT	1540-520	1'-4 1/4" x 8 1/4"	

NOTES:

ALL FOUNDATION FLOOD OPENING LOUVERS SHALL BE 'SMART VENTS' WITH TEMPERATURE CONTROLLED LOUVERS AND INSECT SCREENS OR 'FLOOD VENT' WITH INSULATED DOORS AS MANUFACTURED BY SMART VENT PRODUCTS INC. OF PITMAN, NJ (1-877-441-8368)

CONTRACTOR SHALL COORDINATE ROUGH OPENING HEIGHT WITH FINISH GRADE TO ENSURE THAT THE DISTANCE FROM OPENING BASE TO FINISH GRADE DOES NOT EXCEED 12"

INSTALL ALL UNITS PER MANUFACTURER'S INSTALLATION SPECIFICATIONS AND IN ACCORDANCE WITH ALL APPLICABLE CODES AND REGULATIONS

NEW RESIDENCE FOR:
MICHELLE BLANK & FRED JACKSON
117 BEACHSIDE AVENUE WESTPORT, CT

LOWER LEVEL FLOOR PLAN

DATE	SCALE	DRAWING NO
	1/8" = 1'-0"	A-0
	JOB NO 010225	

Donald William Fairbanks Architect, P.C.
762 King's Highway West, Southport, CT 06890
203 345 6307

ASPETUCK HEALTH DISTRICT
The Engineer of Record

Mark Ochman

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

PLANS APPROVED FOR New 4BR House + Septic

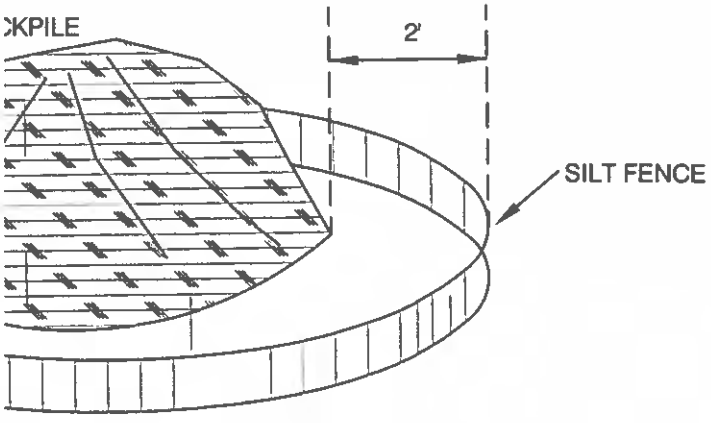
DEPARTMENT	DATE	SIGNATURE	REFERENCE
HEALTH	10/1/25	[illegible]	
CONSERVATION			
ENGINEERING			
P & Z			

RECEIVED

SEP 18 2025

ASPETUCK
HEALTH DISTRICT

)D PROPOSED SEWAGE
S SHOULD BE ADEQUATELY
AND MARKED TO KEEP
EQUIPMENT TRAFFIC
REAS



'ALL SILT FENCE AT BASE
TURE OF PERRENIAL RYEGRASS,
/EGRASS AND WINTER RYE AT A
: OF 10# PER 1000 SQ. FT.

KPILE STABILIZATION
NTS

SITE DEVELOPMENT PLAN

- PREPARED FOR -

FREDERICK E. JACKSON & MICHELLE BLANK

#117 BEACHSIDE AVENUE
WESTPORT, CONNECTICUT
ASSESSOR MAP I-06 • LOT 3

SEPTEMBER 13, 2025

SHEET 1 OF 2

COMMENCE: -	FB: 173 (OA) PG. 95
DRAWN BY: MVB	PROJECT NO.: H3125
CHECKED BY: MAO	DWG NO.: 24-

SCALE:

0 20 40 60

SCALE: 1" = 20'

SIGNATURE/SEAL:

STATE OF CONNECTICUT
MARK A. OCHMAN
No. 24913
LICENSED
PROFESSIONAL ENGINEER

Mark Ochman

MARK A. OCHMAN, PE LS CT LICENSE #24913
Not Valid Without A Live Signature & Embossed Seal