



Joseph P. Ganim
Mayor

City of Bridgeport

Department of Health & Social Services Environmental Health

999 Broad Street, Bridgeport, CT 06604
Telephone: (203) 576-7474
Fax: (203) 576-7793

Bridgeportct.gov/EnvironmentalHealth

Dr. Elizabeth Rivera-Rodriguez,
DNP, MPH, MSN, RN
Director of Health
& Social Services

Sumit Sharma, MPH, MDiv.
Deputy Director of Health
& Social Services

Subsurface Sewage Disposal System Final Inspection Report

Local Health Department: _____

Property Owner: _____

Property Address: _____ Town: _____

Licensed Installer: _____ License #: _____ Expiration Date: _____

Check one: New System Repair/Replacement System

Residential Building: _____ bedrooms. Large Bathtub (Y/N): _____ Garbage Disposal (Y/N): _____

Non-residential Building/Residential Institution: _____ GPD Type of Use: _____

Water Treatment Wastewater (WTW) Generated (Y/N): _____ WTW Dispersal System (Y/N): _____

Inspection Information

Type	Date	Licensed Installer Present (Yes / No)	Pass / Fail	Additional Comments
Field Stake Inspection (house, well, property line, system, benchmark)				Benchmark:
Strip / Scarification				Dimensions:
Select Fill Placement				Sieve Required:
Other:				
Final Inspection				Completed by:

Building Sewer Information*

Pipe Type and ASTM Specification: _____ Pipe Diameter: _____ Pipe Length: _____

Pipe Invert Elevations at: Foundation Wall: _____ Septic Tank In: _____ Pitch Required: _____

Septic Tank Out: _____ Pitch Provided: _____

* Building sewer inspection and approval by City of Bridgeport Building Department.

Subsurface Sewage Disposal System Final Inspection Report (continued)

Sewage Tank Information

Septic Tank Size (gallons): _____ Risers Needed (Y/N): _____ Tank Manufacturer: _____
 Date Manufactured: _____ Secondary Safety Device (Y/N): _____
 Effluent Filter Manufacturer and Model: _____
 Pump Chamber Size(gallons): _____ Gallons Pump Alarm Checked (Y/N): _____
 Pump Chamber Manufacturer: _____ Float Control Elevation Verified (Y/N): _____
 Grease Interceptor Tank Manufacturer: _____ Grease Interceptor Tank Size (gallons): _____

Leaching System Information

Stone Aggregate: Free of silt, dirt and debris (Y/N): _____ Sieve Required (Y/N): _____
 Filter Fabric Present (Y/N): _____ Type: _____ Stone Meets Specifications(Y/N): _____
 Select Fill (Y/N): _____ Sieve Required (Y/N): _____ Sieve Information on File (Y/N): _____
 Leaching System Description (product, size, length, number of rows, level or serial, etc.): _____

Effective Leaching Area Required: _____ sq. ft. Reserve Area Provided (Y/N): _____
 Effective Leaching Area Provided: _____ sq. ft. Center to Center Spacing: _____ ft.
 System Installed Per Approved Plan Elevations (Y/N): ____ * ____ Elevations Field Verified (Y/N): ____ * ____

Separation Distances *

Elevations	Row 1	Row2	Row 3		Row 1	Row 2	Row 3
D-box in				Top of System			
D-box out				Bottom of System			
High Level Overflow				Other			

Separation Distances Conform with Approved Plan (Y/N): ____ * ____ Field Verified (Y/N): ____ * ____

* See Professional Engineer's "AS BUILT" plan.

Inspected by: _____ Date: _____

Inspector's Signature: _____ Date: _____