

TOWN OF WESTPORT
Board of Health
Community Septic Management Program

Homeowner Information:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email Add: _____

System Information:

1. Has your septic system been failed by a certified inspector? ☐ **Yes** ☐ **No**

1a. Does your system need to be pumped more than four (4) times per year? ☐ **Yes** ☐ **No**

1b. Is there wastewater breaking through to the surface? ☐ **Yes** ☐ **No**

1c. Do you have a soil evaluation test and/or engineering plans for your new system completed (or in process)? ☐ **Yes** ☐ **No**

If you answered Yes, give details or include documents. _____

1d. Can your property lot lines be determined so that the proposed Septic system and soil absorption system, can be located without Infringing on your neighbor's property? ☐ **Yes** ☐ **No**

2. Do you know what type of septic system you have now? ☐ **Yes** ☐ **No**

If you checked yes, what is it? _____

3. What is the size of your lot? _____ (square feet)

I, we, will agree to sign a betterment/loan agreement with the Town of Westport, to pay for the required costs associated with the septic system repair, and am aware that these costs will be treated as a municipal lien on my property tax bill.

This loan will be contingent on the Town determining that my property meets the Town's criteria for funding.

Signature of Property Owner (s)

Date: _____

Board of Health use only

Project number: _____

Date received: _____

Date accepted: _____

Priority List No: _____