

Central Connecticut Health District

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A SEWAGE DISPOSAL SYSTEM

APPLICATION NO. _____

To the Director of Health Town of: _____ Date: _____

Application is hereby made for permit to construct a sewage disposal system for a: _____
(Residence, Store, Restaurant, etc.)

Located at: _____
(Street Address, Lot Number, Subdivision Name, Map, Block, Lot, etc.)

New System _____ Addition _____ Repair _____ Other _____

Owner _____ Address _____ Tel. _____
No. _____

Installer _____ Address _____ Tel. No. _____
Installer License No. _____

In accordance with detailed information stated below

Application fee paid _____ Signed _____
(Owner or duly authorized representative)

GENERAL INFORMATION

1. Soil Tests Conducted _____ (Date) Percolation Test(s) Conducted _____ (Date)
2. Area of "Special Concern" Per Code: _____ (Y/N)
If Yes, Reasons _____

3. Basis of Design _____
(No. of Bedrooms, No. of Employees, Meals Served, Etc.)
4. Engineer's Plan Required _____ (Y/N) If Yes, Name of Engineer _____
Address of Engineer _____
5. Design Plan Approved _____ (Y/N) Date of Plan Revision _____
6. Type of Water Supply _____ If Well, has location been determined? _____ (Y/N)
Well Driller's Name _____ Address _____
7. Water Supply Approved _____ (Y/N)
8. Permit Issued _____ (Date) By: _____
Title: _____