Central Connecticut Health District

Central Office: 505 Silas Deane Highway, Wethersfield, CT 06109 Phone (860) 721-2822 Fax (860) 721-2823
Berlin: 240 Kensington Road, Berlin, CT 06037 Phone (860) 828-7017 Fax (860) 828-9248
Newington: 131 Cedar Street, Newington, CT 06111 Phone (860) 665-8586 Fax (860) 665-8533
Rocky Hill: 761 Old Main Street, Rocky Hill, CT 06067 Phone (860) 258-2770 Fax (860) 258-2767
www.ccthd.org

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A SEWAGE DISPOSAL SYSTEM

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

Application is hereby made for an approval 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): _____
2. Area of ñSpecial Concernò (Y/N): _____ If Yes, Reason(s): _____
3. Basis of Design (# Bedrooms, Restaurant Seats, Building Size, etc): _____
4. Engineered Plan Required (Y/N): _____ If Yes, Name of Engineer: _____
   Address of Engineer: _____
5. Design Plan Approved (Y/N): _____ Date of Plan Approval: _____ Revision Date: _____
6. Type of Water Supply _____ If Well, has location been approved (Y/N): _____
7. Well Drillerôs Name: _____ Address: _____

OFFICE USE ONLY

Approval to Construct is hereby issues by: _____ Date: _____

Signature: _____ Title: _____

Note: Approvals to Construct can only be issued by the Local Director of Health or Registered Sanitarian