



APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A SEWAGE DISPOSAL SYSTEM

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

Application is hereby made for 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. _____ Signed _____ Application fee paid _____
(Installer or duly authorized representative)

In accordance with detailed information stated below:

GENERAL INFORMATION

1. Soil Tests Conducted (Date): _____

2. Area of "Special Concern" (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 Driller's Name: _____ Address: _____

OFFICE USE ONLY

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

Signature: _____ Title: _____

2080 Silas Deane Highway, Suite 100, Rocky Hill, CT 06067

P (860) 785-8380 F (860) 785-8533 www.ccthd.org

PUBLIC HEALTH for BERLIN, NEWINGTON, ROCKY HILL, WETHERSFIELD