

PLAINVILLE-SOUTHINGTON REGIONAL HEALTH DISTRICT

Main Office
196 NORTH MAIN STREET
SOUTHINGTON, CT 06489

Satellite Office
ONE CENTRAL SQUARE
PLAINVILLE, CT 06062

860-276-6275 • FAX 860-276-6277

860-793-0221 x219 • FAX 860-747-1123

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A SUBSURFACE SEWAGE DISPOSAL SYSTEM

Application Date: \_\_\_\_\_

Reason (circle one): New System Repair-Replacement Repair-Addition Repair-Tank Only Other \_\_\_\_\_

Property Address of Building Served by System:

Lot #: \_\_\_\_\_ Street Address: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Property Owner(s) Address (if different from above): \_\_\_\_\_

Property Owner(s) Phone #: \_\_\_\_\_

GENERAL DESIGN INFORMATION

Residential - # of bedrooms: \_\_\_\_\_ Water Supply (circle): Private Well Public Well Public/Community Supply
(no institutional or mixed commercial use) (non-community)

Groundwater Control Drains (circle all that apply): Footing/Foundation Drain Curtain Drain French Drain

Large Tub? (circle size): <100 gallons 100 – 200 gallons Over 200 gallons Garbage Grinder/Disposal: Yes No

Nonresidential and Residential Institutions (Describe use of building): \_\_\_\_\_
Including the design information requested above, specific water use data will be required and/or other information to determine the size of the effective leaching area and tank requirements. All subsurface sewage disposal systems with a designed flow of 2000 gallons per day or greater shall be approved by the Commissioner of Public Health along with the local Director of Health. Such systems shall be designed by a professional engineer registered in the State of Connecticut.

The undersigned acknowledges that to the best of his/her knowledge, the information completed on this form is true and accurate.

Signature: \_\_\_\_\_ (circle one) Owner Authorized Agent

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

INSTALLER INFORMATION (Completed by licensed installer only)

Installer's Name: \_\_\_\_\_ License #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Installer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HEALTH DISTRICT OFFICIAL USE ONLY

Plan Review Fee Paid: \$ \_\_\_\_\_ Plan Review Fee Date: \_\_\_\_\_

Construction Permit Fee Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Construction Permit #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Permitted Volume/Design Flow = \_\_\_\_\_ gallons/day Recommended Daily Flow = \_\_\_\_\_ gallons/day

Tank pump-outs tracked? Yes No If yes, stipulate pump-out requirements: \_\_\_\_\_

Final Inspection Conducted & Approved: \_\_\_\_\_ Date: \_\_\_\_\_