

CHATHAM HEALTH DISTRICT

Serving the Towns of East Haddam, East Hampton, Haddam, Hebron, Marlborough & Portland

APPLICATION FOR APPROVAL TO CONSTRUCT OR REPAIR A SEWAGE DISPOSAL SYSTEM

Application No. _____ Town _____

The undersigned hereby applies for a permit to Install (\$85) / Repair (\$60) a:

Septic tank Curtain Drain Leaching System

At: No. _____ Street _____ Tel. Pole # _____

Is this lot part of an approved subdivision? _____ Name _____ Lot # _____

Residential Structure Number of bedrooms _____

Non Residential Structure Design criterion _____

Swimming Pool Yes No Above ground Below ground

Plumbing fixtures in basement _____ Buried Oil tank Yes No

Number of tubs/Hot tubs _____ Capacity in gallons _____

Owner _____ Phone _____

Address _____

Licensed Installer _____ Phone _____

Address _____ License No. _____

The applicant understands that all records of the Chatham Health District are public and that the results of any tests conducted by or on behalf of said District are open to public inspection.

The applicant agrees that it is his/her sole responsibility to provide the necessary equipment to excavate test holes and will be responsible for the employment of the contractor to do the same.

It is agreed that the Chatham Health District will not be responsible in any way for problems arising from the results of the tests.

It is also agreed that the work shall be done in accordance with the provisions of the Public Health Code of Connecticut governing the construction of onsite subsurface sewage disposal systems. I further agree that a contractor licensed in Connecticut must do the work. I agree to notify the Chatham Health District for a final inspection prior to backfilling.

It is understood that the fee for the services of the Chatham Health District is \$ _____ and will be paid at the presentation of this application.

Applicants Signature _____

Note: THIS IS AN APPLICATION, ACTIVITY IS NOT AUTHORIZED UNTIL A PERMIT IS ISSUED

*****FOR HEALTH DISTRICT USE

Only*****

PERMIT NO. _____ Date _____ Exp _____

Permission is hereby granted to _____ for the construct or repair of a sewage disposal system at the above location in accordance with description and plans as outlined in the design by _____ dated _____

Soil classification (S.G.S.) _____ Public sewers scheduled _____ (date)

Engineers Plan required _____ Special testing required _____

Does this installation require DOX variance Commissioner of Health variance
Public watershed Inland Wetlands Flood Zone

Water Supply PUBLIC Private Type of Well _____
Well location approved by Permit No. _____
Yield _____ Satisfactory Sample _____
Sanitarian _____ (Effective 8/1/08)