

# CHATHAM HEALTH DISTRICT

*Sewing 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 (\$100) / Repair (\$75) / Septic Tank Abandonment & Sewer line Inspection (\$30) 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 DOH 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)