



Application #: _____

Permit #: _____

Form #1

Colchester, East Haddam, East Hampton, Hebron, Marlborough, & Portland

APPLICATION FOR APPROVAL TO CONSTRUCT A SUBSURFACE SEWAGE DISPOSAL SYSTEM

The undersigned applies for a Permit to Install a New or Repair* Subsurface Sewage Disposal System (\$165) for a:
 Septic Tank Leaching System Distribution Box Curtain Drain Other _____

Abandonments for Sewer Connections only (\$40): Septic Tank Abandonment Sewer line Inspection

Located at: _____ In the Town of: _____
(Street Address, Lot Number, Subdivision Name, Map, Block, Lot, etc.)

Application is hereby made for: Residential Building(s) with Number of Bedrooms _____
 Non-Residential Building(s) Type and Design Flow: _____
Other Design Considerations:

Garbage Disposal Tubs 100 gallons or greater Water Treatment Discharge into Septic Graywater System

Owner: _____ Address: _____ Tel. No. _____

Installer: _____ Address: _____ Tel. No. _____

Installer License No. _____ Email: _____

*Exception(s): ELA MLSS Horizontal Vertical State (well, central, other property) Other _____

Application fee paid Signature: _____ Date: _____
(Owner or duly authorized representative)

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

BELOW INFORMATION COMPLETED BY CHATHAM HEALTH DISTRICT STAFF ONLY

Area of Special Concern Engineered Plan Required Confirmatory Testing Required

Name of Designer: _____ Address of Designer: _____

Email of Designer: _____ Phone of Designer: _____

Type of Water Supply: Private Well Public Well Community Water Location Approved

* Exception(s) Granted *Exception Grantor: Director of Health/Agent Commissioner

Design Plan Approved Date of Approved Plan: _____ Plan Revision Date: _____

Approval to Construct is hereby granted to _____ for the construction or repair of a sewage disposal system at the above location, in accordance with the description and plans by the above designer by:

(Printed Name of Director of Health or Registered Sanitarian) Date: _____ Expiration Date: _____

Signature: _____ Title: _____
(Director of Health or Registered Sanitarian) **Not valid until signed and permit # issued**

FEE: Check Cash Check #: _____ Received by: _____ Date Received: _____ Revised 7/7/21