



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 (**\$185**) for a:

Septic Tank Leaching System Distribution Box Curtain Drain Other _____

Minimal Repair and Maintenance (**\$80**) Building Sewer Line Distribution Box Line Distribution Line

Other _____

Located at: _____ In the Town of: _____
(Street Address, or Lot Number)

Application is hereby made for: Residential Building(s) with Number of Bedrooms _____

Non-Residential Building(s) Type and Design Flow: _____

Owner: _____ Address: _____ Tel. No. _____

Installer: _____ Address: _____ Tel. No. _____

Installer License No. _____ Expiration Date _____

Email: _____

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

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

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

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

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:

Name of Designer: _____

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

Signature: _____ Title: _____
(Director of Health or Registered Sanitarian)

FEE: Check Cash Check #: _____ Received by: _____ Date Received: _____ Revised 7/5/23