



Quinnipiack Valley Health District
 1151 Hartford Turnpike, North Haven, CT 06473
 (203) 248-4528 FAX: (203) 248-6671

Bethany Hamden N Haven Woodbridge

Date: _____
 Sanitarian: _____

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A SEWAGE DISPOSAL SYSTEM

FEE: [] \$100 New
 [] \$100 Full Repair [] \$50 1/2 Repair

APPLICATION NO. _____

Application is hereby made for permit to construct a sewage disposal system for a:

[] Residence [] Store [] Restaurant [] Etc. _____

Located at _____
 (Street Address Lot # Subdivision Name Map Block Lot)

[] New System [] Addition [] Repair [] Other

Owner _____ Address _____ Tel. No. _____

Installer _____ Address _____ Tel. No. _____

In Accordance with Detailed information stated below:

Signed _____
 (Owner or duly authorized representative)

Application Fee Paid _____ Licensed Installer No. _____

GENERAL INFORMATION

Subdivision Approved _____ Date _____ Lot Size _____ Sq. Ft.

On Designated Wetland _____ Flood Zone _____

Date Public Sewer Scheduled _____

If residential, number of bedrooms _____

If non-residential, design criteria:

 (Sanitary Facilities, No. Of Employees, Meals Served, Etc.)

Basement Fixtures _____ Foundation Drains _____ Special Equipment _____

ENGINEERED PLAN REQUIRED*	DATE OF APPROVED PLAN
ENGINEER'S NAME:	

*If not, fill in reverse side.

Water Supply _____ Type Well _____

Well Location Approved _____ Yield _____ Satisfactory Sample _____
 (Date)

Well Driller's Name _____ Address _____

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DESCRIPTION OF PROPOSED SYSTEMS

Septic Tank and Soil Absorption System:

Capacity below flow line _____

Minimum distance of tank and soil absorption system from water supply:

on same property _____ on adjoining property _____

Minimum distance of tank from dwelling on same property: _____

Type of leaching unit: _____

Square feet of: Leaching trenches: _____ Leaching galleries: _____ Other: _____

Total length is: _____ ft

Width of trenches: _____ ft

Depth of broken stone/screened gravel _____ ft

MLSS: _____

Filter fabric type: _____

Distance between trenches: _____ ft

Method of disposal of footing/cellar drain water: _____

Method of disposal of roof drain water: _____

System was designed by: _____

Above information furnished by: _____

PERMIT VOID TWELVE (12) MONTHS FROM DATE OF APPLICATION