



Connecticut River Area Health District (CRAHD)

PERMIT # _____

Old Saybrook Clinton Deep River Haddam Chester Killingworth Durham

FEES: Residential – New \$250 Repair \$200 Commercial – New \$350 Repair \$300

APPLICATION FOR PERMIT TO CONSTRUCT A SEPTIC SYSTEM (PTC)

Application is hereby made for an approval to construct a subsurface sewage disposal system for a:

New Residential Septic ☐ or Repair of Residential Septic ☐ # of Bedrooms _____

New Commercial Septic ☐ or Repair of Commercial Septic ☐ Design Flow (GPD) _____

Address: _____ (Map _____ Lot _____) Town: _____

Well ☐ or Public Water ☐ Garbage Disposal Y ☐ N ☐ Large Tub Y ☐ N ☐

Installer Name: _____ Company Name: _____

Installer Cell Phone: _____ Installer License #: _____

*Engineered Design: Y ☐ Name: _____
N ☐

Date of Plan: _____ Date of Last Revision: _____

New Tank & Leaching ☐ New Tank Only ☐ New Leaching Only ☐ Other _____

Proposed Tank(s):

Material: Concrete ☐ or Plastic ☐ Tank Size: _____ gallons

Pump Chamber: Y ☐ or N ☐ Size: _____ Grease Trap: Y ☐ or N ☐ Size: _____

Proposed Leaching

Perc Rate: _____ min/in or Application Rate: _____ Required ELA: _____ Proposed ELA : _____

MLSS Calculation: HF _____ x FF _____ x PF _____ = _____ feet (Calculation is required with a restrictive layer <60 inches)

Leaching Product: _____ Height: _____ Total Length: _____

Exception(s): Y ☐ or N ☐ List: _____

Applicant (print): _____ Sign: _____ Date: _____

The applicant certifies that the above information is correct, and that construction shall comply with the CT. Public Health Code.

..... OFFICE USE ONLY

Approved (print): _____ Sign: _____ Date: _____

FEE: _____ Cash _____ Check # _____ Credit/Debit _____

Phone: (860) 661-3300

Web: www.crahd.info

CT River Area Health District
455 Boston Post Road, Suite #7
Old Saybrook, CT 06475

SCAN & PAY

