



Connecticut River Area Health District
 455 Boston Post Rd. Suite 7, Old Saybrook, CT 06475
 Phone 860-661-3300 Fax 860-661-3333

Residential
 Repair \$125 Payable to: CRAHD
 New \$160
Commercial/Multiple Dwelling
 Repair \$200
 New \$300

APPLICATION FOR PERMIT TO CONSTRUCT A SEPTIC SYSTEM

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

(Residential Building, Restaurant, Retail Building, etc.)

Located at: _____ Town: _____

Map _____ Lot _____

Number of Bedrooms _____ or Design flow (GPD) _____

New Repair (Reason for repair) _____

Well Public Water Is there wastewater from a water treatment system connected to the existing septic system: Yes No

Garbage Disposal: Yes No Large Tub: Yes No

*Engineered Design Yes No Engineer Name _____

*Engineered systems are required to have the engineer verify with the installer that the elevations are correct prior to covering the system.

Installer Name _____ Installer Phone _____ License _____

Proposed system: New Tank New Leaching New Tank & leaching

Proposed tank(s):

Pump chamber yes no Size ___ Grease trap yes no Size ___

New tank size 1000gallon 1250gallon 1500gallon 2000gallon
 Tank material Concrete Plastic

Proposed leaching field:

Perc. Rate: _____ Application rate for non-residential _____

Required ELA _____ Proposed ELA _____

*MLSS Calculation: HF _____ x FF _____ x PF _____ = _____ MLSS(Feet)

*MLSS Calculations are required if there is a restrictive layer < 60 inches

Leaching type: _____

Size (height) _____ Total linear ft. _____

Exception(s) required YES NO List: _____

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

Applicant (print) _____ Sign _____ Date _____

.....OFFICE USE ONLY.....

Design plan approved (Y/N): _____ Date of approved Plan: _____ Revision Date _____

Approval to Construct issued by:.....Date.....

FEE..... CK#..... CASH CREDIT/DEBIT Permit # _____

SEPTIC SYSTEM REPAIR PROPOSAL

Address: _____ **Town:** _____

Each repair drawing shall include at a **minimum**: Location of building sewer(s), tank(s), leaching system, property lines, building served, watercourses, drain(s), well(s) and/or water service line(s).

REQUIRED If the depth to restrictive layer is **<60 inches**

Benchmark location: _____

Difference between benchmark and restrictive layer: _____ Proposed bottom of system elevation: _____

REPAIR DRAWING

Name: _____ Sign: _____ Date: _____

Installer certifies that there are no design conflicts with separation distances to wells on the property and neighboring properties and all code required separation distances are maintained unless an exception is granted.