



Connecticut River Area Health District
 455 Boston Post Rd. Suite 7
 Old Saybrook, CT 06475
 Phone: 860-661-3300 Web: www.crahd.info

Residential Repair \$125
 New \$160 Permit # _____
 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