



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 Commercial/Multiple Dwelling Repair \$200 New \$300

Permit # _____

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