

**APPLICATION FOR APPROVAL TO CONSTRUCT A SEPTIC SYSTEM**

Date: \_\_\_\_\_

Permit # \_\_\_\_\_

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: \_\_\_\_\_

Number of bedrooms \_\_\_\_\_ or Design flow (GPD) \_\_\_\_\_

New \_\_\_\_\_ Repair \_\_\_\_\_ (Reason for repair) \_\_\_\_\_

WELL \_\_\_ PUBLIC WATER \_\_\_ Garbage Disposal: Yes \_\_\_ No \_\_\_ Large Tub: Yes \_\_\_ No \_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

INSTALLER.....PHONE #.....LIC #.....

Engineered Plan (Y/N): \_\_\_\_\_ If yes, Name of Engineer: \_\_\_\_\_

**Proposed system:**

New tank only \_\_\_\_\_ New leaching only \_\_\_\_\_ New tank & leaching \_\_\_\_\_

Other \_\_\_\_\_

**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: \_\_\_\_\_

All code separation distances must be maintained unless an exception is obtained. A recent sieve analysis is required for select fill

(Old Saybrook only) Is the property in the Wastewater Management District (Y/N): \_\_\_\_\_

BEFORE STARTING A SEPTIC INSTALLATION IN THE OLD SAYBROOK WWMD THE APPLICANT/INSTALLER MUST CONTACT THE WATER POLLUTION CONTROL AUTHORITY AT 860-395-2876.

ACTIVITY IN/OR NEAR WETLANDS NEEDS TO BE REPORTED TO THE APPROPRIATE WETLANDS OFFICER.

Applicant certifies that the above information is correct and that construction shall comply with the CT. Public Health Code. Engineered systems are required to have the engineer verify with the installer that the elevations are correct prior to covering the system. Installer is required to follow and have on site the most current design and installation guidelines for proprietary leaching products

Applicant (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

FEE..... CK#..... CASH.....