

Pomperaug District Department of Health
 800 Main Street South • Suite 124 • Southbury, Connecticut 06488
 Telephone: 264-9616, Woodbury: 266-4785, Oxford: 888-6891
 Fax 203 262-1960

Rec # _____
Date _____
\$ Amount _____
Rec'd By _____

APPLICATION FOR PERMIT TO CONSTRUCT / REPAIR A SEWAGE DISPOSAL SYSTEM

Note: This is not a Permit to Construct a Sewage Disposal System

PLEASE PRINT - All Applications Must Be Complete For Proper Processing

Property/Owner		
Lot # _____	Street _____	Town _____
Owner _____	Tel # _____	
Address _____	Street _____	Town _____ Zip _____

Installer		
Name _____	License # _____	Phone # _____
Address _____	Street _____	Town _____ Zip _____

<u>System</u>	<u>Tank/Leaching Fields</u>
____ New	Perc Rate _____
____ Addition	Tank Size _____
____ Repair	Type of Leaching System _____
<u>Property</u>	Effective Area (sq ft) _____
____ Residential	<u>Water Supply</u>
____ Commercial	____ Well
____ # of Bedrooms	____ Public

Design Criteria

1. **Approved engineer designs must be on file prior to permit application.**
2. **Application for standard systems or repairs must be accompanied by a sketch of the proposal showing the house and well locations and the septic system details.**

FEES:

Residential: \$375 New, \$200 Repair **Commercial:** \$450 for first 1000 gal. daily flow
 \$300 for each additional 1000 gal. daily flow

Signature of Licensed Installer

Date