

Pomperaug District Department of Health  
800 Main Street South, Suite 124  
Southbury, CT 06488  
(203) 264-9616

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

APPLICATION FOR THE **REVIEW** OF A  
SUBSURFACE DISPOSAL SYSTEM (SSDS)  
(**Septic Plan Review**)

LOCATION:

\_\_\_\_\_

**Lot and Street** \_\_\_\_\_ **Town** \_\_\_\_\_ **Subdivision** \_\_\_\_\_

Check one: \_\_\_\_\_ New Construction \_\_\_\_\_ Repair \_\_\_\_\_ Addition \_\_\_\_\_ Other

Sanitarian Present At Soil Testing: \_\_\_\_\_

**A completed application will contain:**

1. A plot plan showing building, septic layout and well location
2. Soil tests for the property and basis of design
3. Fees: **\$200 residential / \$400 commercial -Engineered or Non-Engineered Design**

**Prepared By** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Owner of Property** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Builder** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Only completed applications will be accepted for review. Upon completion of the review, a plan approval form will be issued to the building official's office.**

**Design Criteria**

Number of bedrooms/G.P.D. \_\_\_\_\_ Tank Size \_\_\_\_\_

Type of System (trenches, etc.) \_\_\_\_\_

Effective Area Provided (sq. ft.) \_\_\_\_\_

\_\_\_\_\_ Well \_\_\_\_\_ Public Water

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature of Applicant or Agent**