

Form #1 Technical Standards for Subsurface Sewage Disposal Systems

APPLICATION FOR APPROVAL TO CONSTRUCT A SUBSURFACE SEWAGE DISPOSAL SYSTEM

Application/Permit #: _____

To the Director of Health, Town of: _____ Date: _____

Application is hereby made for an approval to construct a subsurface sewage disposal system for a:

(Residential Building, Restaurant, Retail Building, etc.)

located at: _____
(Street Address, Lot Number, Subdivision Name, Map, Block, Lot, etc.)

New System _____ Addition _____ Repair _____ Other _____

Owner _____ Address _____ Tel.No. _____

Installer _____ Address _____ Tel.No. _____

Installer License No. _____

In accordance with detailed information stated below:

Application fee paid _____ Signed _____
(Owner or duly authorized representative)

GENERAL INFORMATION

Soil Tests Conducted (Date): _____ Lot size _____ sq.ft.

Area of Special Concern (Y/N): _____ If yes, Reason(s): _____

Basis of Design (# of Bedrooms, Restaurant Seats, Building Size, etc): _____

Professional Engineer (P.E.) Plan Required (Y/N): _____

If yes, Name of P.E.: _____

Address of P.E.: _____

Design Plan Approved (Y/N): _____ Date of Approved Plan: _____ Revision Date: _____

Type of Water Supply _____ If well, has location been approved (Y/N): _____

Well Driller's Name: _____ Address: _____

OFFICE USE ONLY

Approval to Construct is hereby issued by: _____ Date: _____

(Print Name)

Signature: _____ Title: _____

Note: Approvals to Construct shall be issued by the DOH or Registered Sanitarian