

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