

Cromwell Health Department

APPLICATION TO CONSTRUCT SEWAGE DISPOSAL SYSTEM

☐ New System - \$100.00

☐ Repair System - \$100.00

The undersigned hereby applies for a permit to Install/Repair a:

Septic Tank ☐

Curtain Drain ☐

Leaching System ☐

At Address: _____ Tel. Pole # _____

Residential Structure ☐

Number of bedrooms: _____

Non-Residential Structure ☐

Design criterion _____

Swimming Pool

Y ☐

N ☐

Above Ground ☐

Below Ground ☐

| | | | | | |
|--------------------------------|----------------------------|----------------------------|-----------------|----------------------------|----------------------------|
| Plumbing fixtures in basement: | Y <input type="checkbox"/> | N <input type="checkbox"/> | Buried Oil Tank | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Number of Tubs/Hot Tubs: | Capacity in gallons: | | | | |
| Owner: | Phone: | | | | |
| Address: | | | | | |
| Email: | | | | | |
| Licensed Installer: | Phone: | | | | |
| Address: | | | | License #: | |

GENERAL INFORMATION

Soil Tests Conducted: Date _____

Percolation Test(s): Date _____

Area of "Special Concern" per Code: Y ☐ N ☐ If Yes, Reasons: _____

Basis of Design: (No. of Bedrooms, No. of Employees, Meals Served, Etc.) _____

Engineer's Plan Required: Y ☐ N ☐

If Yes, Name of Engineer and Address: _____

Design Plan Approved: Y ☐ N ☐

Date of Plan/Revision: _____

Type of Water Supply:

If Well, has location been determined? Y ☐ N ☐

Well Driller's Name and Address: _____

Water Supply Approved? Y ☐ N ☐

IT IS AGREED that the Town of Cromwell will not be responsible in any way for problems arising from the results of the tests.

IT IS ALSO AGREED that the work shall be done in accordance with the provisions of the Public Health Code of Connecticut governing the construction of onsite subsurface sewage disposal systems. It is further agreed that a contractor licensed in Connecticut must do the work. It is agreed to notify the Town of Cromwell for a final inspection prior to backfilling.

Applicant's Signature _____

THIS IS AN APPLICATION; ACTIVITY IS NOT AUTHORIZED UNTIL A PERMIT IS ISSUED.

☐ Plan Submitted _____

Date

☐ Plan Approved _____

Date

Approved _____

☐ Attach copy of Installer's License