

## SEPTIC OVERVIEW

When you think that you are having problems with your septic system the first step is to have it evaluated. Evaluation is accomplished by contacting a licensed septic system pumper and having your septic system pumped and evaluated.

Septic tanks should be pumped every three years to remove the solids from the tank and prevent the smaller particles from migrating into the leach field, which causes premature failure of the leach system.

Additives that are sold on television, on-line, or in the newspaper etc., are a waste of your money and are actually harmful to the effective functioning of your septic system.

If your system needs remediation you have numerous options:

- Repair only the specific item that needs to be repaired or replaced; such as replacing a cracked tank.
- Replace the entire system.
- Request that the town review the possibility of connecting you to the town sewer system and provide you with an estimate of the cost involved.
- Soil Air restoration. A technology which allows restoration of the infiltrative capacity of the soil by rejuvenation of the bacteria in the leach field.
- Terralift process. Rejuvenate your failing system by injecting air under pressure and polystyrene pellets into the soil. This process will rejuvenate the soil and allow the septic effluent to be absorbed.

Explore all of your options because a septic remediation is expensive. If you would like to discuss your specific options, you may contact the Public Health Department at the Town Hall.

### **Who to Contact:**

*Director of Health: (860) 632-3426*

*Town Sewer Department: (860) 632-3430*

*Geomatrix, Soil Air: (860) 510-0730*

*Licensed septic pumper/installer: See Yellow Pages*

**TOWN OF CROMWELL  
HEALTH DEPARTMENT**  
41 West Street, Cromwell, CT 06416  
Phone: (860) 632-3426  
Fax: (860) 632-3477

**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: No. \_\_\_\_\_ Street \_\_\_\_\_ Tel. Pole # \_\_\_\_\_

Residential Structure       Number of bedrooms: \_\_\_\_\_

Non-Residential Structure       Design criterion \_\_\_\_\_  
Swimming Pool      Yes  No       Above Ground  Below Ground

Plumbing fixtures in basement \_\_\_\_\_ Buried Oil Tank    Yes  No

Number of Tubs/Hot Tubs \_\_\_\_\_ Capacity in gallons \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Licensed Installer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ License No. \_\_\_\_\_

The applicant understands that all records are public and that the results of any tests conducted by or on behalf of the Town are open to public inspection.

The applicant agrees that it is his/her sole responsibility to provide the necessary equipment to excavate test holes and will be responsible for the employment of the contractor to do the same.

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.

It is understood that the fee for the services of the Town of Cromwell will be paid at the presentation of this application.

Applicant's Signature \_\_\_\_\_

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

Plan Submitted \_\_\_\_\_  
Date \_\_\_\_\_

Plan Approved \_\_\_\_\_  
Date \_\_\_\_\_

Attach copy of Installer's License

Approved \_\_\_\_\_

Fee \_\_\_\_\_