

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

Approved _____

☐ Attach copy of Installer's License

Fee _____