

EASTERN HIGHLANDS HEALTH DISTRICT
APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A SEWAGE DISPOSAL SYSTEM

To the Director of Health, Eastern Highlands Health District: I hereby apply for a permit to construct a sewage disposal system for a :
[] Residence [] Accessory Building [] Commercial Building [] Other

LOCATED AT (street address) _____ TOWN _____

Owner's Name _____ Phone# _____

Owner's Address _____

(street address, city, zip code)

Applicant's Name _____ Phone # _____

Applicant's Address _____

(street address, city, zip code)

Applicant's Email Address _____

Applicant's Signature _____ Date: _____

Installer's Name _____ Company Name _____

(print)

Installer's Address _____ Phone # _____

(street address, city, zip code)

Installer's Email Address _____

License # _____ Expiration Date _____ Installer's Signature _____ Date _____

GENERAL INFORMATION

1) Residential use, # of bedrooms _____ Non-residential use, design flow (gpd) _____

2) Water supply: Public [] Private well [] Type of well _____

3) New Septic System (complete) [] Repair: Tank and Field [] Tank only [] Field only []

Other minor repair or alteration (describe) _____

4) **A PLAN DESCRIBING SYSTEM AND PROPOSED WORK MUST BE ATTACHED TO THIS APPLICATION.**

System designed by: _____

5) Description of System and Proposed Work:

Tank Type _____ Capacity (gallons) _____

Leaching System: Total square feet of effective leaching area provided _____

Type of trench or structure _____

Other: _____

OFFICE USE ONLY BELOW THIS LINE

ENGINEERED PLAN: Y N DESIGN PLAN APPROVED: Y N INSTALLERS ID VERIFIED: Y N

PLAN DATE: _____ REVISION DATE: _____

Permission is hereby granted to the above referenced installer for the construction or repair of a sewage disposal system serving the property at the above referenced address in accordance with the description as outlined in the attached application and approved plan.

Contractor shall call for inspections and meet all conditions as required below:

- ☐ Stakes and Benchmark inspection by EHHD prior to start of construction
- ☐ Inspection of stripped area for sewage disposal system by EHHD prior to filling
- ☐ Inspection of fill placement for sewage disposal system by EHHD
- ☐ Final inspection of completed sewage disposal system prior to backfill
- ☐ As-built plan by installer on EHHD form
- ☐ Current sieve analysis of select septic or C33 fill used
- ☐ _____

Fees: New/Repair \$160.00
Minor Repair \$75.00
Checks Payable to EHHD
Coventry: "Town of Coventry"
Tolland: "Town of Tolland"

APPROVED _____ Date _____ Permit # _____
(Signature of Director of Health or Registered Sanitarian)

FEES ARE NON-REFUNDABLE

Fee _____ Date _____ Check Number: _____ Receipt Number _____