

# 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 \$200 Repair \$185.00  
Minor Repair \$95.00  
Checks Payable to EHHD  
Coventry: "Town of Coventry"  
Tolland: "Town of Tolland"

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

Fee \_\_\_\_\_ Date \_\_\_\_\_ Check Number: \_\_\_\_\_ Receipt Number \_\_\_\_\_

**FEES ARE NON-REFUNDABLE**