



**The Milford Health Department**  
**82 New Haven Avenue ♦ Milford, CT 06460 ♦ 203-783-3285 ♦ Fax 203-783-3286**

**(Office Use Only)**  
 Application No. \_\_\_\_\_  
 Date \_\_\_\_\_  
 Application Fee \$ \_\_\_\_\_

**APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A SEWAGE DISPOSAL SYSTEM**

Application is hereby made for permit to construct a sewage disposal system for a

Residence, \_\_\_\_\_ Store, \_\_\_\_\_ Restaurant, \_\_\_\_\_ Etc. \_\_\_\_\_

Located at \_\_\_\_\_  
 (Street Address, Lot Number, Subdivision Name, Map, Block, Parcel, Etc.)

New System \_\_\_\_\_ Addition \_\_\_\_\_ Repair \_\_\_\_\_ Other \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Installer \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

THE LICENSED INSTALLER SHALL NOTIFY THE MILFORD HEALTH DEPARTMENT AT LEAST TWO WORKING DAYS PRIOR TO THE START OF A SEPTIC SYSTEM INSTALLATION  
 Installer License No. \_\_\_\_\_

Application fee paid \_\_\_\_\_ Signed \_\_\_\_\_  
 (Owner or duly authorized representative)

In accordance with Section 19-13-B103e(c)(2)(C) of the Public Health Code of the State of Connecticut, a plot plan of the lot shall accompany this application.

**GENERAL INFORMATION**

Subdivision Approved \_\_\_\_\_ Date \_\_\_\_\_ Lot Size \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

On Public Water Supply Watershed \_\_\_\_\_ On Designated Wetland \_\_\_\_\_

SCS Soil Classification \_\_\_\_\_ Public Sewer Scheduled \_\_\_\_\_  
 (Date)

If residential, number of bedrooms \_\_\_\_\_ Flood Zone \_\_\_\_\_

If non-residential, design criteria:

(Sanitary Facilities, No. of Employees, Meals Served, Etc.) \_\_\_\_\_

Basement Fixtures \_\_\_\_\_ Foundation Drains \_\_\_\_\_

Special Equipment \_\_\_\_\_

ENGINEER'S PLAN REQUIRED:  
 TEST DURING WET SEASON:

Water Supply \_\_\_\_\_ Type Well \_\_\_\_\_

Well Location Approved \_\_\_\_\_ Yield \_\_\_\_\_ Satisfactory Sample \_\_\_\_\_  
 (Date)

Well Driller's Name \_\_\_\_\_ Address \_\_\_\_\_

WATER SUPPLY APPROVED: