



The Milford Health Department

82 New Haven Avenue ♦ Milford, CT 06460

Tel 203-783-3285 ♦ Fax 203-783-3286

APPLICATION FOR APPROVAL TO CONSTRUCT A SUBSURFACE SEWAGE DISPOSAL SYSTEM

Application/Permit #: _____

Date: _____

Application is hereby made for an approval to construct a subsurface sewage disposal system for a:

(Residential Building, Restaurant, Retail Building, etc.)

Located at: _____
(Street Address, Lot Number, Subdivision Name, Map, Block, Lot, etc.)

New System _____ Addition _____ Repair _____ Other _____

Owner _____ Address _____ Tel # _____

Installer _____ Address _____ Tel # _____

Installer License No. _____

In accordance with detailed information stated below:

Application fee paid _____ Signed _____
(Repair/\$30 or New/\$50) (Owner or Duly Authorized Representative)

GENERAL INFORMATION

Soil Tests Conducted (Date): _____ Lot size _____ sq. ft.

Area of Special Concern (Y/N): _____ If Yes, Reasons(s): _____

Basis of Design (# of Bedrooms, Restaurant Seats, Building Size, etc): _____

Engineered Plan Required (Y/N): _____ If yes, Name of Engineer: _____

Address of Engineer: _____

Design Plan Approved (Y/N) _____ Date of Approved Plan: _____ Revision Date: _____

Type of Water Supply: _____ If well, has location been approved (Y/N): _____

Well Driller's Name: _____ Address: _____

OFFICE USE ONLY

Approval to Construct is hereby issued by: _____ Date: _____
(Print Name)

Signature: _____ Title: _____

Note: Approvals to Construct shall be issued by the Director of Health or Registered Sanitarian