



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

(Office use only)
Application #: _____
Date: _____

APPLICATION FOR SOIL TESTING: SEPTIC REPLACEMENT / REPAIR

Application fee - \$50.00

Are Public Sewers available? ☐ Yes ☐ No

*(If Public Sewers **are** available, the property must be connected to the sanitary sewer system in accordance with the City of Milford City Code of Ordinances Section 23-20.)*

Owner _____

Location _____

Mailing Address _____ Phone # _____ Fax# _____

Installer/Contractor _____

Is the property served by private well or public water? _____

Number of bedrooms: _____ Number of employees/occupants: _____

Is property served by a water treatment system? _____ Type: _____

Backwash to: _____

Is plot plan available? _____

Garbage Disposal? ☐ Yes ☐ No

Sewage Ejector Pump? ☐ Yes ☐ No

When was the tank last pumped? _____ Company Name _____

If applicable, please provide a brief description of the trouble you are having with your system: _____

NOTES: (1) I agree to hold the Milford Health Department and its agents harmless in the event of future problems or difficulties associated with any work done in conjunction with this septic system repair evaluation and subsequent repair work (2) I further acknowledge that I am responsible for securing any necessary permit(s) required from other town agencies (Building, Wetlands, Conservation, Zoning, etc.)

Signed _____ Date: _____

OWNER