



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

☐ New System	☐ Repair			
Location of Propert	y:(Street Address)			
Owner		Address		Phone:
				Phone:
				Phone:
Type of building(single family reside	ential, commercial, etc.)		# Employees	Gallons/Day
Water Supply − □	Public Private W	ell		
Will house sewer be	below basement floor?	***************************************		
Will house be equip	ped with whirlpool or spa	?		
	Gallons			
	Method of Disposal			
Garbage Disposal:	☐ Yes ☐ No	Footing	g Drains: 🔲 Yes 🛭	□ No
I certify that I am thad it and that it and the addition to this come and house, location information as requires.	pleted application a plot p is of house, well, sewage ired.	r the contractual in plan is required we system, soil tests	representative of the ovith at least the followings, all drains, watercom	**************************************
ivaine:		Address:		

09/05