# PLAINVILLE-SOUTHINGTON REGIONAL HEALTH DISTRICT

**Main Office**
**196 NORTH MAIN STREET**
**SOUTHINGTON, CT 06489**

**Satellite Office**
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## APPLICATION FOR PLAN REVIEW OF NEW SUBSURFACE SEWAGE DISPOSAL SYSTEM

**Application Date**: _____

**Property Address:** Lot #: _____ Street Address: _____

**Application to include:** ____**3** copies of plot plan, showing building, septic layout, and well location (if applicable)
____Soil test for property and basis of design
____Building plan
____Plan review fee ($125)

**Property Owner**: _____Phone #:_____

Property Owner's Address:_____

**Builder:** _____Phone #:_____

Builder's Address: _____

### GENERAL DESIGN INFORMATION

**Residential - # of bedrooms:** _____

**Water Supply** (circle): Private Well / Public Well / Public/Community Supply
(no institutional or mixed commercial use) (non-community)

**Groundwater Control Drains** (circle all that apply): Footing/Foundation Drain / Curtain Drain / French Drain

**Large Tub?** (circle size): <100 gallons / 100 – 200 gal. / Over 200 gal.

**Garbage Grinder/Disposal**: Yes / No

**Tank size** _____ **Effective Area Provided:** _____ sq. ft.

**Nonresidential and Residential Institutions** (Describe use of building): _____
Including the design information requested above, specific water use data will be required and/or other information to determine the size of the effective leaching area and tank requirements. All subsurface sewage disposal systems with a designed flow of 2000 gallons per day or greater shall be approved by the Commissioner of Public Health along with the local Director of Health. Such systems shall be designed by a professional engineer registered in the State of Connecticut.

**The undersigned acknowledges that to the best of his/her knowledge, the information completed on this form is true and accurate.**

**Signature of applicant or agent:** _____

**Print Name**: _____ **Date**: _____

**********_HEALTH DISTRICT OFFICIAL USE ONLY_**********

*Plan Review Fee Paid: $* _____ *Plan Review Fee Date:* _____