

**PLAINVILLE-SOUTHINGTON REGIONAL HEALTH DISTRICT**

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

**Satellite Office**  
ONE CENTRAL SQUARE  
PLAINVILLE, CT 06062

860-276-6275 • FAX 860-276-6277  
pshd.org

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

Application Date: \_\_\_\_\_

Reason (circle): NEW SYSTEM // REPAIR/REPLACEMENT // REPLACE-TANK ONLY // OTHER \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

**GENERAL DESIGN INFORMATION**

Residential - # of bedrooms: \_\_\_\_\_

Date on Plan: \_\_\_\_\_

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 gallons / Over 200 gallons

Garbage Grinder/Disposal: Yes / No

**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: \_\_\_\_\_

**INSTALLER INFORMATION**

Installer Name: \_\_\_\_\_ License # \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Installer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fees: Repair - \$100; NEW - \$150

\*\*\*\*\***HEALTH DISTRICT OFFICIAL USE ONLY**\*\*\*\*\*

Permit Fee Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Construction Permit # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Permitted Volume/Design Flow = \_\_\_\_\_ gal./day Recommended Daily Flow = \_\_\_\_\_ gal./day

Final Inspection Conducted and Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Sanitarian