



Office Use Only:

Fee:

Pay Type:

Check#:

Permit#:

WEST HAVEN HEALTH DEPARTMENT
355 MAIN STREET, WEST HAVEN CT 06516
PHONE: (203) 937-3660 FAX: (203) 937-3976

SEPTIC PERMIT APPLICATION

Application is hereby made for a permit to construct/repair/alter a subsurface sewage disposal system.

Date: _____ Address _____

Owner's Name: _____ Telephone: _____

Residential: Number of Bedrooms _____ *Commercial/ Describe:* _____

CHECK ONE:

NEW _____

REPAIR/DESCRIBE _____

WATER TREATMENT SYSTEM: _____

EFFECTIVE LEACHING AREA REQUIRED: _____

EFFECTIVE LEACHING AREA PROVIDED _____

LEACHING PRODUCT TYPE & LENGTH:

WATER SUPPLY: PRIVATE WELL _____ PUBLIC _____

Additional Information:

Will there be any plumbing fixtures in basement? _____ (If yes, provide details on plan proposal.)

Will footing or foundation drains be installed? _____ (If yes, show location on plan proposal.)

Will a curtain drain be installed? _____ (If yes, show location on plan or proposal.)

NOTE: No garbage disposal or water softening units will be allowed to discharge into the septic system.

**NOTE: AN INSTALLERS PROPOSAL OR ENGINEERS DESIGN PLAN MUST ACCOMPANY APPLICATION.
FOR NEW CONSTRUCTION, ONE SET OF BUILDING PLANS MUST ACCOMPANY APPLICATION.**

I certify that I am the owner of this property or the legal representative of the owner: (CIRCLE ONE)

Print Name: _____ Signature: _____

Name of Septic Contractor: _____

Address: _____

Phone: _____ Email: _____

Fax: _____ Installer License No. _____

NOTE: ANY CHANGES FROM THE APPLICATION SUBMITTED MUST BE APPROVED IN ADVANCE BY THE HEALTH DEPT COMPLETE REVERSE SIDE

AN INSTALLERS PROPOSAL OR ENGINEER'S DESIGN PLAN MUST ACCOMPANY THIS APPLICATION:

APPLICATION PLOT PLAN

(For non-engineered systems)

1. Dimension of lot, all sides
2. Location of proposed or existing house or building from lot lines (sides, front and back)
3. Location of detached buildings and other structures
4. Dimensions of house (length and width)
5. Location of water service or well, driveway and swimming pool
6. Location and specification of proposed subsurface sewage disposal system, primary area (and reserve area, if required)
7. Location of any watercourses, footing drains, curtain drains, storm drains, ledge outcrops, severe slope, and outstanding land features, etc..
8. Location of soil tests (deep tests and percolation tests)
9. Minimum leaching system spread (MLSS) calculations (if not prepared by engineer)

AN OFFICIAL PLOT PLAN OR A PLAN DRAWN TO SCALE BELOW MUST BE SUBMITTED (Include all items noted above or attach file)