

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A SEWAGE DISPOSAL SYSTEM

(Office use Only)
APPLICATION NO. _____

To the Director of Health Town of: Wallingford Date: _____

Application is hereby made for permit to construct a sewage
Disposal system for a: _____
(Residence, Store, Restaurant, etc.)

Located at: _____
(Street Address, Lot Number, Subdivision Name, Map, Block, Lot, etc.)

New System _____ Addition _____ Repair _____ Other _____

Owner _____ Address _____ Tel. No. _____

Installer _____ Address _____ Tel.No. _____

Installer License No. _____

In accordance with detailed information stated below

Application fee paid _____ Signed _____
(Owner or duly authorized representative)

GENERAL INFORMATION

Subdivision Approved _____ Date _____ Lot Size _____ Sq. ft.

On public Water Supply Watershed _____ On Designated Wetland _____

SCS Soil Classification _____ Public Sewer Scheduled _____
(Date)

If residential, no. of bedrooms _____ Flood Zone _____

If non-residential, design criteria: _____
(Sanitary Facilities, No. of Employees, Meals Served, etc.)

Basement Fixtures _____ Foundation Drains _____ Special Equipment _____

Engineer's Plan Required			Test During Wet Season	
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Water Supply _____ Type Well _____

Well Location Approved _____ Yield _____ Satisfactory Sample _____
(Date)

Well Driller's Name _____ Address _____

Water Supply Approved	
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