



Town of Wallingford, Health Department
45 South Main St.
Wallingford CT 06492



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Director of Health

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Approval Form CT PHC 19-13-B100a
(Building Additions/Alterations/Change of Use
Property Served by Septic System and/or Well Exists)

Date: _____

Application No. B-_____

Location: _____

Owner(s) Name: _____ Phone: _____

Address: (If different) _____

*Proposed Addition/Alteration: (description)

Property served by: _____ Septic System _____ City Sewer
 _____ Private Well _____ City Water

The Health Department has reviewed the proposed building addition/alteration, according to plot plan dated _____.

_____ Approved _____ Denied

Signature

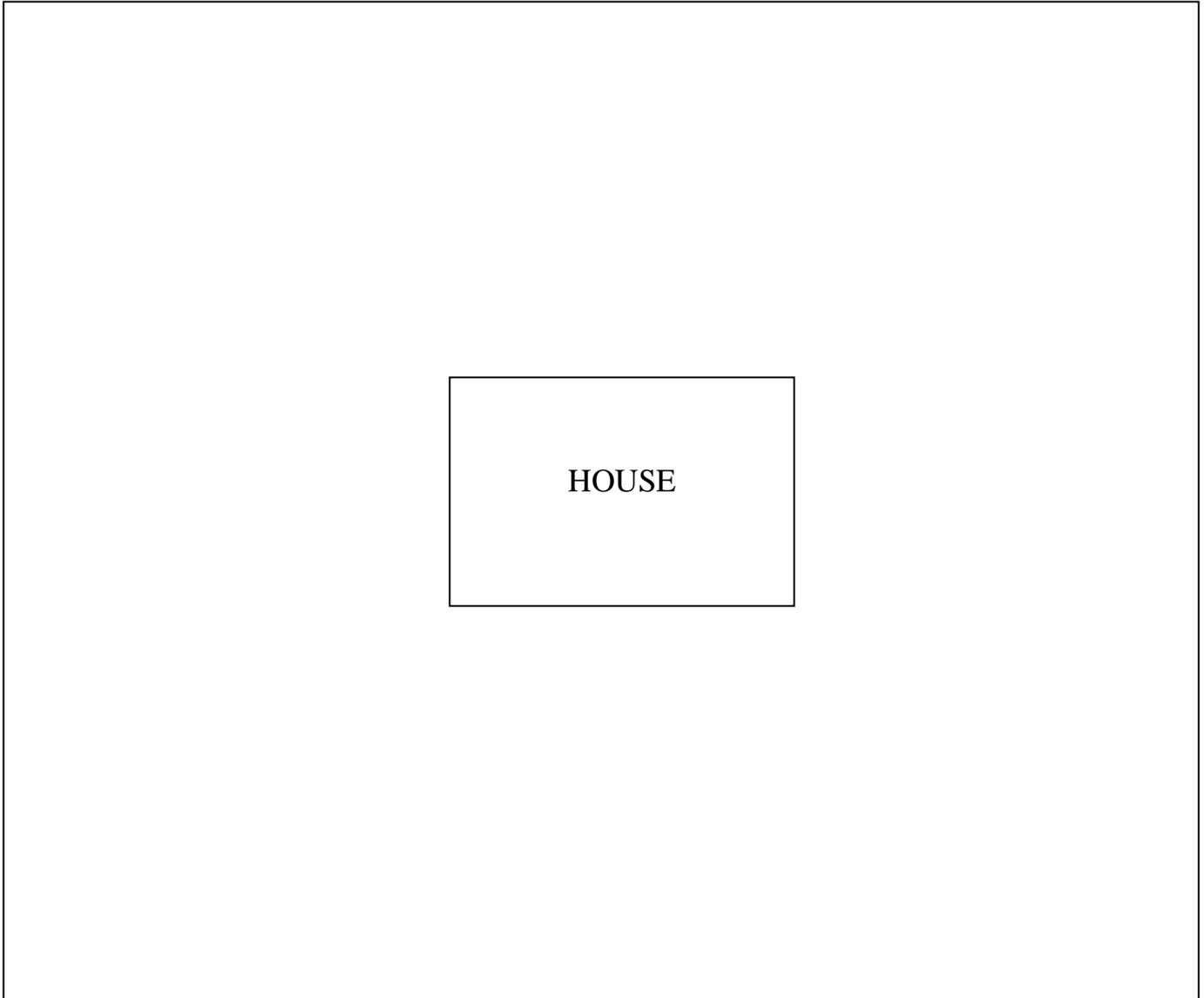
Date

***Plot Plan attached to indicate location of septic/well in reference to proposed addition**

Health Department Comments:



PLOT DRAWING



***Indicate location of addition or accessory building, note front/rear of existing house and include distance to septic and/or well.**

IF Location of septic is not known, include copy of recent pump out that indicates septic tank size, location and condition

Information supplied by: _____

