



Town of Wallingford Health Department

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Director of Health:
Vanessa Bautista,
MPH, R.S.

Permit to Construct Subsurface Sewage Disposal System

Property Information	
Property Address: _____	
Property Owner Name: _____ Owner Phone #: _____	
Owner E-mail: _____	
Installer Information	
Septic Installer Name: _____	
Installer E-mail: _____	
*Installer License Number: _____ Contact Phone #: _____	
Signature of Installer: _____ Date: _____	
<i>*(Please provide copy of CT license and Photo ID)</i>	
Septic System Information	
Scope of Work:	
New System <input type="checkbox"/> System Repair <input type="checkbox"/> Tank Abandonment <input type="checkbox"/> Water Treatment Waste Water <input type="checkbox"/>	
Water Source:	
Public Water Supply <input type="checkbox"/> Private Well <input type="checkbox"/>	
Plan Information:	
Plan provided by: _____ Latest Revision Date: _____	
Health Department Approval & Permit Information	
Approved by: _____ Date: _____	
Permit #: _____ Permit Notes: _____	

Note: Any changes in design or location must have prior approval by the approving official. Permit is valid **ONE YEAR** from date of issuance and is **NOT** transferable. **The Town assumes no responsibility for the future operation and maintenance of the system.**
Code of the Town of Wallingford, Chapter 177, Article II

Inspection Requirements

As-Built Diagram by Installer

As-Built Diagram by Engineer

Stake Inspection

Strip Inspection

Perc Test in Fill

Sieve Analysis

Receipt for Septic Fill

Final Inspection

Other:

