FOR OFFICE USE ONLY:				
Date:	Fee:	Payment Type:	Receipt #:	Paid by:
		SEPTIC PERMIT	APPLICATION	
CHECK ON	F٠			
New		struction, submit one set of	building plans with applica	ition.
Repair	Reason for Repair:			
1	Ĩ	*If available, provide docum	entation of issue, i.e. septic in	spection, pump-out report, etc
Property Ad	dress:			
(Street Addre	ss)		(Town)	
Name of Ow	ner or Owner's Ager	ıt:		
			hone:	
GENERAL I	DESIGN INFORMA	TION		
o Resid	lential Property:	(Y/N) Number of B	edrooms: Subdivi	sion/Lot#:
o Nonre	esidential/Commercia	l: (Y/N) Type of N	onresidential/Commercial:	
• Wate	r Supply: (Public or P	rivate Well)		
o Does	house have a large ca	pacity tub? (Y/N) I	f <b>yes,</b> how many gallons? _	
o Does	house have a garbage	grinder/disposal? (	(Y/N)	
• Will a	a curtain drain be insta	alled? (Y/N)		
o Footi	ng or foundation drair	ns on property? (Y/	N)	
	I certify that I an	n the owner of this prop	erty or the legal repres	entative owner:
Signature		Print	t Name	Date
~- <b>g</b>				2
			Phone:	
Email:				
Installer Lice	ense No.:	Exp. I	Date:	
	COMP	<u>LETE REVERSE SIDE I</u>	F NON-ENGINEERED P	PLAN
	Owner Na		E USE ONLY	
Permit #:				Date:
Final Inspect		- · · · ·		
Final Inspect #Bedrooms:	Design Flow:	Permitted Flow	v: Recommende	



EAST SHORE DISTRICT HEALTH DEPARTMENT Bringing good health to the towns of Branford, East Haven and North Branford

## APPLICATION PLOT PLAN

Include the following in the repair plan drawing:

- Location of existing house or building and distances from lot lines (sides, front, and back) •
- Location and specification of proposed subsurface sewage disposal system, including proposed ELA
- Location of soil tests (deep tests and percolation tests). Minimum leaching system spread (MLSS) calculation if applicable
- Location of detached buildings and other structures (i.e. sheds, swimming pools, etc.)
- Location of water service line or well
- Location or any watercourses, footing drains, curtain drains, storm drains, etc.

## IF REPLACING A SEPTIC TANK FILL IN THE INFORMATION BELOW

- Type of Tank/Size: 0
- Are footing drains on the property? 0
- Distance from Tank to house/building: \_\_\_\_\_
- Distance to property lines:

\_\_\_\_\_

- Distance from Tank to other structures (i.e: patio, deck, pool, etc.):
  Distance to water source: Public: \_\_\_\_\_\_ (10' Minimum) Well: \_\_\_\_\_\_ (75' Minimum)
- Type of effluent pipe used:

If a required separation distance cannot be met, a variance must be issued by the Health Department. Specify if a variance is required:

ATTACH REPAIR PLAN OR DRAW BELOW