



Kevin A. Elak, MPH
Director of Health

City of Middletown
Department of Health
245 deKoven Drive
Middletown, CT 06457
TEL: (860) 638-4960 FAX: (860) 638-1960
TDDL: (860) 344-3521

APPLICATION FOR APPROVAL TO CONSTRUCT A SUBSURFACE SEWAGE DISPOSAL SYSTEM

Application/Permit no.: _____

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

Application is hereby made for an approval to construct a subsurface sewage disposal system for a:

(Residential Building, Restaurant, Retail Building, etc.)

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

New System _____ Addition _____ Repair _____ Other _____

Owner _____ Address _____ Tel.No. _____

Licensed Installer name (print) _____ Tel.No. _____

Installer License Number: _____

Installer Signature _____ Date issued _____

Note: Valid photo ID and DPH license must be provided. A licensed subsurface sewage disposal system installer must be present during system installation.

GENERAL INFORMATION

Soil Tests Conducted (Date) _____ Lot size _____ sq.ft.

Area of Special Concern (Y/N) _____ If yes, Reason(s) _____

Basis of Design (# of Bedrooms, Restaurant Seats, Building Size, etc) _____

Professional Engineer (P.E.) Plan Required (Y/N) _____ If yes, Name of P.E. _____

Address of Engineer: _____

Design Plan Approved (Y/N) _____ Date of Approved Plan _____ Revision Date _____

Type of Water Supply _____ If well, has location been approved (Y/N) _____

Well Driller's Name _____ Address _____

*****PLEASE DO NOT WRITE IN THIS AREA. OFFICE USE ONLY*****

Reviewed by: _____ Date: _____ Approved Denied

Plan Review Fee Received: Date: _____ \$ _____ cash check# _____