

**Waterbury Health Department
Environmental Health Division
License Application**

APPLICATION FOR APPROVAL TO CONSTRUCT A SUBSURFACE SEWAGE DISPOSAL SYSTEM

To the Director of Health Town of: _____ 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. _____

In accordance with detailed information stated below:

APPLICATION FEE IS \$250.00

MAKE CHECKS OR MONEY ORDER (NO CASH) PAYABLE TO: Waterbury Health Department

Application Date: _____ Signed: _____
(Owner or duly authorized representative)

GENERAL INFORMATION

Subdivision Approval: _____ Date: _____ Lot Size _____ sq. ft.

On Public Water Supply Watershed: _____ On Designated Wetland: _____

SCS Soil Classification _____ Public Sewer Scheduled: _____

If residential, number 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

TESTING DURING WET SEASON

Water Supply: _____ Type Well: _____

Well Location: _____ Foundation Drains: _____ Special Equipment: _____

Well Driller's Name: _____ Address: _____

WATER SUPPLY APPROVED

PERMIT FEE \$250.00

MAKE CHECKS OR MONEY ORDERS (NO CASH) PAYABLE TO: Waterbury Health Department

Applicant's Signature: _____ Application Date: _____

OFFICE USE ONLY

Date App. Fee Paid: _____ Check or MO # _____ Initials: _____

Date Permit Fee Paid: _____ Check or MO # _____ Initials: _____

Note: Approvals to Construct can only be issued by the Local Director of Health or Registered Sanitarian