



# North Central District Health Department

- Enfield—31 North Main Street, Enfield, CT 06082 \* (860) 745-0383 Fax (860) 745-3188
- Vernon—375 Hartford Turnpike, Room 120, Vernon, CT 06066 \* (860) 872-1501 Fax (860) 872 1531
- Windham—Town Hall, 979 Main Street, Willimantic, CT 06226 \* (860) 465-3033 Fax (860) 465-3034
- Stafford—Town Hall, 1 Main Street, Stafford Springs, CT 06076 \* (860) 684-5609 Fax (860) 684-1768

Patrice A. Sulik, MPH, R.S.  
Director of Health

## PERMIT TO CONSTRUCT

### PRIVATE SEWAGE DISPOSAL SYSTEM

DATE APPLIED \_\_\_\_\_ NEW SYSTEM - \$250  
 APPROVAL/DISAPPROVAL DATE \_\_\_\_\_ REPAIR - \$150.00  
 TANK ONLY - \$100.00  
 PERMIT NUMBER \_\_\_\_\_

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As a licensed sewage disposal system contractor representing the owner, I, \_\_\_\_\_,

\_\_\_\_\_  
(Installer's address, **e-mail address** and telephone number)

License Number: \_\_\_\_\_, hereby apply for a permit to install a private subsurface sewage disposal system as described below for:

\_\_\_\_\_  
(Owner's name, **e-mail address** and telephone number)

On a lot located at: \_\_\_\_\_  
(House number or Lot number, Street, Town, and Zip Code)

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Number of bedrooms or population: \_\_\_\_\_

Percolation Rate: \_\_\_\_\_ Septic Tank Size: \_\_\_\_\_  
(Minutes per inch)

Leaching System: Type: \_\_\_\_\_

Square Feet: \_\_\_\_\_ Linear Feet: \_\_\_\_\_

Dimensions of Lot: \_\_\_\_\_

Water Supply: (check one)    Public    Private Well

\_\_\_\_\_  
Signature of Applicant