



EASTERN HIGHLANDS HEALTH DISTRICT

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A SEWAGE DISPOSAL SYSTEM

To the Director of Health, Eastern Highlands Health District: I hereby apply for a permit to construct a sewage disposal system for a :
[] Residence [] Accessory Building [] Commercial Building [] Other

LOCATED AT (street address) _____

TOWN _____

Owner's Name _____ Phone# _____

Owner's Address _____
(street address, city, zip code)

Applicant's Name _____ Phone # _____

Applicant's Address _____
(street address, city, zip code)

Applicant's Email Address _____

Applicant's Signature _____ Date: _____

Installer's Name _____ Company Name _____
(print)

Installer's Address _____ Phone # _____
(street address, city, zip code)

Installer's Email Address _____

License # _____ Expiration Date _____ Installer's Signature _____ Date _____

GENERAL INFORMATION

1. Residential use: # of bedrooms _____

Non-residential use: Describe basis of design (ie # of seats in restaurant) _____ design flow (gpd) _____

2. Water supply: Public [] Private well [] Type of well _____

3. New Septic System (complete) [] Repair – Tank & Field [] Tank only [] Field only []

Other minor repair or alteration (describe) _____

4. A Plan describing system and proposed work must be attached to this application

System designed by: _____

5. Description of system and proposed work

Tank Type _____ Capacity (gallons) _____

Leaching system: Total square feet of effective leaching area provided _____

Type of trench or structure _____

Other _____

Fees: New \$205 Repair \$185.00 Construction by owner Occupant \$275 Minor Repair \$95.00

Checks Payable to EHHD Coventry: "Town of Coventry" Tolland: "Town of Tolland"

Fee _____ Date _____ Check Number: _____ Receipt Number _____

FEES ARE NON-REFUNDABLE