

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

Date _____

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)

Installer's Name _____ Company Name _____
(print)

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

License # _____ Expiration Date _____ Installer's Signature _____

GENERAL INFORMATION

- 1) Residential use, # of bedrooms _____, Non-residential use, design flow (gpd) _____
- 2) Water supply: Public [] Private well [] Type of well _____
- 3) New Septic System (complete) [] Repair: Tank and 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: _____
Applicant's Signature: _____

OFFICE USE ONLY BELOW THIS LINE

ENGINEERED PLAN REQUIRED: Y N DESIGN PLAN APPROVED: Y N
PLAN DATE: _____ REVISION DATE: _____

Permission is hereby granted to the above referenced installer for the construction or repair of a sewage disposal system serving the property at the above referenced address in accordance with the description as outlined in the attached application and approved plan.

Contractor shall call for inspections and meet all conditions as required below:

- Stakes and Benchmark inspection by EHHD prior to start of construction
- Inspection of stripped area for sewage disposal system by EHHD prior to filling
- Inspection of fill placement for sewage disposal system by EHHD
- Final inspection of completed sewage disposal system prior to backfill
- As-built plan by installer on EHHD form

- _____
- _____

APPROVED _____ Date _____
(Signature of Director of Health or Registered Sanitarian)

PERMIT FEE _____ PERMIT # _____