

Building Permit # _____



Sanitary Permit # _____

TOWN OF MADISON HEALTH DEPARTMENT 8 CAMPUS DRIVE, MADISON, CT 06443

APPLICATION FOR AND PERMIT TO CONSTRUCT A SUBSURFACE SEWAGE DISPOSAL SYSTEM

GENERAL INFORMATION

Owner: _____ Location: _____
Street Number & Name

Installer Name & License #: _____ Engineer Name: _____

Type of building (Check One): Residential _____ Commercial _____ Restaurant _____ Other/Mixed (Specify) _____

Application for (Check One): New System _____ Repair to Existing System _____ Addition to Existing System _____

SOIL & SYSTEM INFO

Water Supply: (Check One) Public _____ Well _____

Percolation Rate: _____ Min/In on (Date) _____
_____ Ft. to Ledge and/or _____ Ft. to Groundwater/Mottling on (Date) _____

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

Type of Leaching System: _____ Effective Leaching Area: _____ Septic Tank Capacity: _____
(Trench, gallery, etc.) Square Feet Gallons

Applicant certifies the above information and the information shown on the attached sketch is correct to the best of his ability. Applicant further agrees that all construction will conform to the State of Connecticut Public Health Code.

Applicant Signature: _____ Date: _____

Permit Granted: _____ Title: _____ Date: _____
Director of Health or Registered Sanitarian

Office use only below this line

RECORD OF INSPECTIONS

Topsoil Strip: _____ Fill: _____ Perc/Sieve in Fill Needed? Y N
Date Initial Date Initial

Others: _____

House Sewer: Type of Pipe _____ Slope _____ Grease Trap: Size _____ (Gal) Baffles _____ Risers Needed? Y N

Septic Tank: Size _____ (Gal) Baffles _____ Outlet Filter _____ Risers Needed? Y N

Pump & Chamber: Size _____ (Gal) Floats Checked? Y N Alarm Checked? Y N Riser Checked? Y N

Leaching System (Type): _____ Required Leaching Area Provided? Y N Proper Center-to-Center Spacing? Y N

Effluent Distribution: Level _____ OR Serial/High Level Overflow _____

Separation Distances: Horizontals Checked? Y N Vertical Checked? Y N Elevations Meet Plan? Y N

Final Inspection Approved: _____
Date Initial Date Initial

As-Built Approved: _____ Comments: _____