



Pomperaug District Department of Health

77 Main Street North • Playhouse Corner • Suite 205 • Southbury, CT 06488
(203)264-9616 • Woodbury (203)266-4785 • Oxford (203)888-2543x3005
Fax (203)262-1960 • www.pddh.org

Rec #	_____
Date	_____
\$ Amount	_____
Rec'd By	_____

APPLICATION FOR PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM

- This is NOT a permit to construct; construction must not begin until a permit is issued.
- All permit applications must have a plan approval, which includes a sketch of the proposal showing the house, well locations, septic system detail, etc.

PLEASE PRINT - All Applications Must Be Complete For Proper Processing

Property/Owner			
Lot #	Street	Town	_____
Owner	_____	Tel #	_____
Address	_____	_____	_____
	Street	Town	Zip

Installer			
Name	_____	License #	_____
		Phone #	_____
Address	_____	_____	_____
	Street	Town	Zip

<u>System</u>	<u>Property</u>	<u>Tank/Leaching Fields</u>
____ New Construction	____ Residential	Tank Size _____
____ Repair (Existing)	____ Commercial	Type of Leaching System _____
____ Tank Replacement Only		Effective Area (sq ft) _____
<u>Water Supply</u>	<u>Bedrooms/GPD</u>	
____ Well ____ Public	____ # of Bedrooms /GPD	

FEES:

Residential: \$450 New
\$250 Repair

Commercial: \$750 for first 1000 gal. daily flow
\$500 for each additional 1000 gal. daily flow

Signature of Licensed Installer

Date