

**TOWN OF GUILFORD HEALTH DEPARTMENT
APPLICATION FOR SEWAGE DISPOSAL SYSTEM INSTALLATION/REPAIR PERMIT**

Permit No. _____

Application No. _____

1. LOCATION: (Street) _____ **UID#** _____

Assessor's Map No.: _____ Lot No.: _____ Property ID#: _____

2. OWNER: _____

Mailing Address: _____

Email: _____

Phone: _____

3. SUBDIVISION:

Name: _____

Owner: _____

4. NATURE OF WORK:

Repair of existing system/Residential - \$80.00 New Construction/Residential \$150.00

Commercial Repairs/Installation Fees are \$15.00 per \$1000.00 of estimated cost of construction

Repair of existing system/Commercial New Construction/ Commercial

5. CONTRACTOR:

Name: _____ CID#: _____ (OFFICE USE ONLY)

Address: _____

Phone: _____ Cell: _____ Fax: _____

License No.: _____ Email: _____

6. DESIGNATION DATA:

A. No. of bedroom: _____ Bathtub capacity under 100 gallons

100 to 200 gallons Greater than 200 gallons

B. If commercial / industrial, average sewage flow _____ gallons

C. Water/well supply: Public Private Water Treatment Wastewater System

D. Design percolation rate: _____ minutes / inch

E. Engineered system required

Engineer's Name: _____

Address: _____

Phone: _____ Fax: _____

CT Registration No.: _____

NOTE: Any construction, filling or clear cutting in or within 100 feet of an inland or wetland course, intermittent stream or water body falls with the jurisdiction of the Inland Wetland Commission. Notification to the Inland Wetlands Commission is required prior to any construction, filling or clear cutting so that a jurisdictional determination can be made.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction. The proposed project described in this application _____

(is) (is not)

located within the coastal boundary as defined in Section 4 (b) of Public Act 79-535 (The Connecticut Coastal Management Act). It is understood that neither the Town of Guilford nor any authorized agent assumes any responsibility for construction or maintenance of any facility built under the Permit for which this application is made.

Signature: _____ Owner
 Agent *

* If agent, state title and submit letter permitting you to act as Owner's Agent.

Date signed: _____

Fee Paid: _____

(To be submitted at time of application. Make check payable to "Town of Guilford".)

ENGINEERING DEPARTMENT

Approved on: _____

By: _____
Engineering Department

HEALTH DEPARTMENT

Approved on: _____

By: _____
Director of Health/Registered Sanitarian

Required Septic Tank Size: _____

Required Leaching Area: _____ sq. ft.

INLAND WETLAND COMMISSIONS

Regulated Activity: _____

Permit Required: _____

Regulated Activity Approved by the Commission:

CAM approval required: Yes _____ No _____

Permit Approved: _____

By: _____

COMMENTS:

Install septic system in accordance with approved Engineered plan dated _____

by: _____

Proposed Septic System Installation Sketch

Guilford Health Department

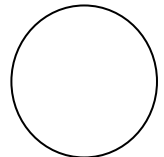
Owner _____

Address _____ No. of Bedrooms _____

Installer _____ Lic. No. _____

Septic tank replacement only Y / N Well water Y / N Foundation drain present Y / N Jacuzzi Y / N

Pump chamber Y / N Risers to grade required Y / N Waste Treatment Wastewater Disposal Y/N



North

Items to include in sketch:

House and street orientation ____ Property lines ____ Size of septic tank ____ Size of leaching system ____

Type of leaching system material proposed _____

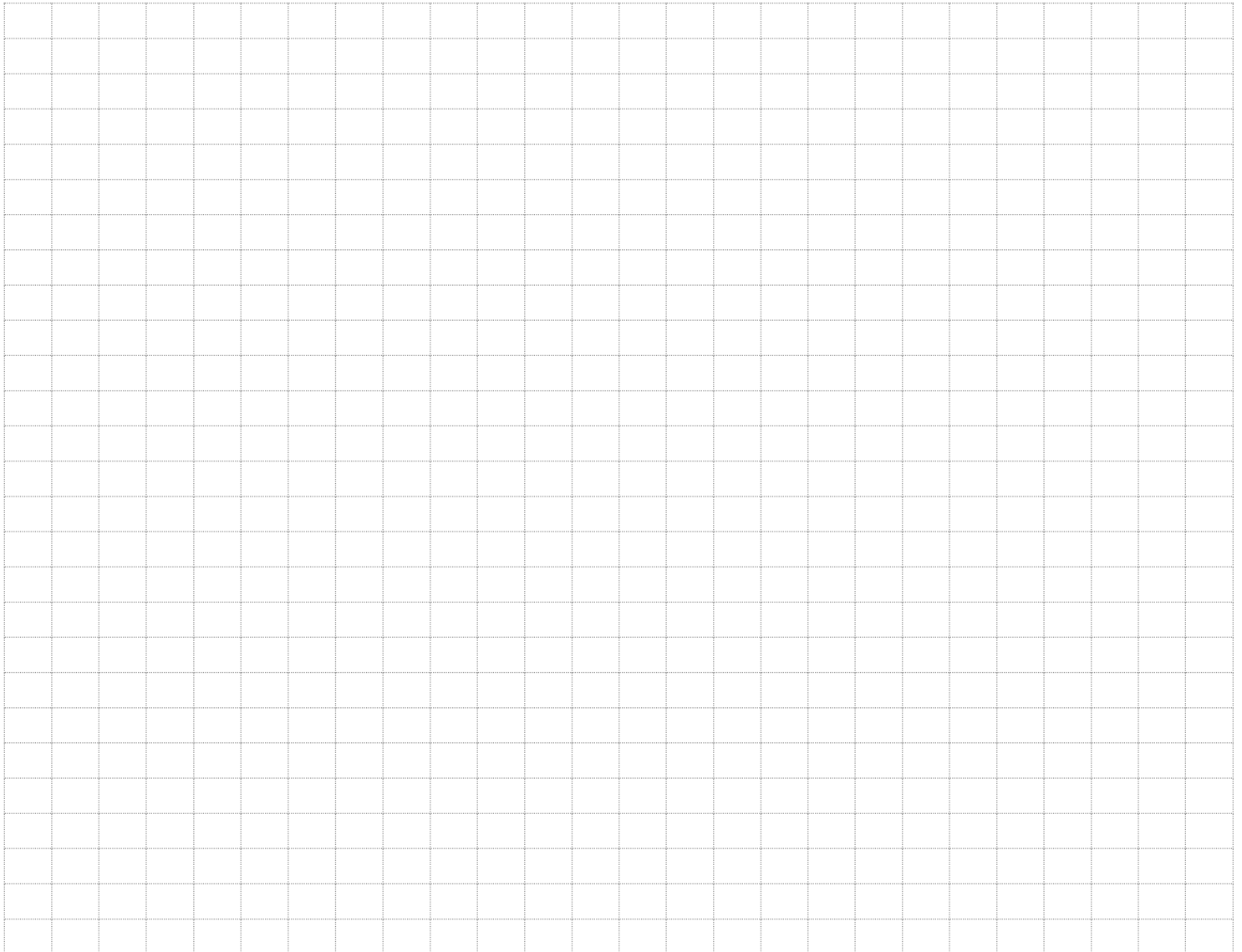
Septic system set back distance to: Well ____ House ____ Deck ____ Garage ____ Property Line ____

Buried fuel tank ____ Pool ____ Accessory structures ____ Water treatment system ____

**TOWN OF GUILFORD
SANITARY SYSTEM AS-BUILT**

Location: _____ Owner: _____

Installer: _____ Lic. No. _____ Date: _____



System Elevations:	Bench Mark: _____	Sewer Out: _____	Tank In: _____	Tank Out: _____
	D-Box In: _____	D-Box Out: _____	Bot. System: _____	

System Locations	1	2	3	4	5	6	7	8	9	10
House corner A										
House corner B										
House corner C										

Type of Leaching System: _____ SF/LF: _____ Height: _____ In. Width: _____ In.

Total System Length: _____ Ft. ELA Provided: _____ Sq. Ft. MLSS Provided: _____ Ft.

Septic Tank Size: _____ Gal. Concrete/Plastic: _____ Risers: _____ House Sewer Length: _____ Ft.

As-Built Approved By: _____ Date: _____

AUTHORIZATION TO ACT AS AGENT

(Date)

To Whom It May Concern:

I _____, authorize
(Property Owner – Print)

_____ to act as my agent to conduct and apply for all
(Name of Contractor/Installer)

necessary permits for soil tests or septic repairs/installations on my property.

(Property Owner Signature)

(Address)