

Pomperaug District Department of Health
77 Main Street North, Suite 205 Playhouse Corner
Southbury, CT 06488
(203) 264-9616

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

APPLICATION FOR THE **REVIEW** OF A
SUBSURFACE DISPOSAL SYSTEM (SSDS)
(**Septic Plan Review**)

LOCATION:

Lot #/street # Street Town Subdivision

Check one: _____ New Construction _____ Repair _____ Tank Replacement ONLY(no fee)

Sanitarian Present At Soil Testing: _____

Only completed applications will be accepted for review and will contain:

1. A plot plan showing building, septic layout and well location
2. Soil tests for the property and basis of design
3. Fees: **New System: \$250 residential / \$550 commercial**
Repair: \$125 (excluding tank replacement)

Prepared By _____ **Phone** _____
Address _____
Town _____ State _____ Zip _____

Owner of Property _____ **Phone** _____
Address _____
Town _____ State _____ Zip _____

Builder _____ **Phone** _____
Address _____
Town _____ State _____ Zip _____

Design Criteria

Number of bedrooms/G.P.D. _____ Tank Size _____

Type of System (trenches, etc.) _____

Effective Area Provided (sq. ft.) _____

_____ Well _____ Public Water

Date Signature of Applicant or Agent