



Pomperaug District Department of Health

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

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

LOCATION:

Lot #/street #	Street	Town	Subdivision
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Check one: _____ New Construction _____ Repair

_____ **Tank Replacement ONLY (NO FEE)**

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: \$275 residential / \$650 commercial**
Repair: \$150 (no fee for tank only replacement)

Prepared By _____ Phone _____

Address _____

Town _____ State _____ Zip _____

Owner of Property _____ Phone _____

Address _____

Town _____ State _____ Zip _____

For New Construction:

Builder _____ Phone _____

Address _____

Town _____ State _____ Zip _____

Design Criteria

Tank Size _____

Number of bedrooms/G.P.D. _____

Type of System (trenches, etc.) _____

Effective Area Provided (sq. ft.) _____

_____ Well _____ Public Water

Signature of Applicant or Agent

Date