

HEALTH DEPARTMENT
Town of Bethel
Clifford J. Hurgin Municipal Center
1 School St., Bethel, CT 06801
Tel.: (203) 794-8539

SUBSURFACE SEWAGE DISPOSAL SYSTEM

PERMIT NO.

PERMIT

Name of Applicant:
Applicant's Address:
Phone No:

Owner

Installer

Developer

Location:

Lot #

Street #

Following information to be filled out by the licensed installer:

CONSTRUCTION →

New

Repair

Residence

Commercial

Industrial

Other

Installer

License No.

Installer's Address

Installer's Phone:

Cell Number:

Signature of Licensed Installer _____

BASIS OF DESIGN

NO OF BEDROOMS
(BASEMENT)

NO OF BEDROOMS
(FIRST FLOOR)

NO OF BEDROOMS
(SECOND FLOOR)

NO OF BEDROOMS
(DETACHED STRUCTURE)

TOTAL NUMBER OF
BEDROOMS

OTHER:

PERCOLATION RATE

DATE OF TEST

TEST DONE BY

SIZE OF TANK (GALLONS)

SQUARE FEET OF LEACHING AREA

TYPE OF SYSTEM

LEACHING TRENCHES

LEACHING PITS

LEACHING GALLERIES

OTHER:

OFFICE USE ONLY

CONDITIONS OF APPROVAL:

DATE OF ISSUANCE: _____ BY: _____

HEALTH OFFICER'S APPROVAL: _____ DATE: _____

DATE OF FINAL INSPECTION: _____ PERMISSION GIVEN TO BACKFILL YES NO

WAS SYSTEM INSTALLED IN ACCORDANCE WITH APPLICATION: YES NO

COMMENTS:

NOTE: This permit is issued with the understanding that future alterations or additions will be made, if necessary in the opinion of the health officer. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the town assumes no responsibility for the future operation and maintenance of the system.