

Wilton Health Department
Application to Construct or Repair a Subsurface Sewage Disposal System

Application is Non-transferable

____ New **\$500.00**
____ Alteration/Replacement/Repair/Voluntary Upgrade **\$375.00**
____ Tank/Pump Chamber Abandonment..... **\$150.00**
____ New Septic Tank/Pump Chamber **\$200.00**

Permit Number:

Date _____

Paid: _____

Two (2) copies of detailed scaled plans must be submitted and approved prior to completing this application. Soil test data, acceptable to the Director of Health, or his/her agent must be on file at the Wilton Health Department.

Please Print

Plans Prepared by *Installer Name:* _____ **or** *Professional Engineer Name* _____

Date plan was approved:

Site location (street address) : _____

Property Owner _____ Tel _____

RESIDENTIAL STRUCTURE:

No. of bedrooms _____

No. of tubs greater than 99 gal.overflow: _____

SEPTIC TANK SIZE: _____
New: _____ or Existing _____

PUMP CHAMBER SIZE: _____
New: _____ or Existing _____

NON-RESIDENTIAL STRUCTURE:

Type: (Store, office, etc.) _____

Design Flow: _____

Water supply: Public _____ Private: _____

LEACHING SYSTEM SPECIFICATIONS : (unit type, linear and square footage)

All new and repair septic system proposals must be reviewed and approved by the Wilton Inland Wetlands Commission prior to filing for a permit to construct with the Wilton Health Department.

The licensed installer is to take out the permit in person at the Wilton Health Department and must bring installer's license and driver's license.

No "Certificate to Discharge" will be issued until the "As-Built" drawing is filed at the Wilton Health Department.
RED LINED AS-BUILTS ARE NOT ACCEPTED

Licensed Installer's Print: _____ Signature: _____

Address: _____ Town _____ Zip code _____

License# _____ Tel/office _____ cell _____

Approved to construct by: _____
Sanitarian's signature _____ Date _____