

TOWN OF SOMERS
DEPARTMENT OF HEALTH
600 Main St.
Somers, CT 06071
(860) 763-8216

Fee: \$150.00 Minor/Tank Only: \$75.00 >2000 Gal.: \$300.00

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A SEWAGE DISPOSAL SYSTEM

Property Location: _____

New Construction: _____ Repair/Replacement: _____

Owner: _____ Installer: _____ Lic. # _____

Address: _____ Address: _____

Phone: _____ Phone: _____ Cell: _____

Email: _____ Email: _____

TYPE OF STRUCTURE: Residential ____ Commercial ____ Industrial ____ Other ____

Public Sewer Connection ____ :
Sewer Connection _____ size _____ length _____

Subsurface Sewage Disposal System ____ :
Design Criteria:
of bedrooms _____, or gals./day _____
whirlpool bath: yes ____ no ____, # of gals. _____
garbage disposal: yes ____ no ____

Engineer Design: yes ____ no ____, date of plan _____
Tank size: _____ gals. Leachfield Type: _____ size _____ sq. ft
Manufacturer: _____

Foundation drains: _____ Curtain drains: _____
Grease trap: _____ Pump System: _____

Water Supply: Public ____ Private ____

The sewage disposal system installed on the above referenced property will be installed in accordance with the State of Connecticut Public Health Code and the information stated above.

Signed _____
(Owner or duly authorized representative)

Date _____