



# Town of Somers Health Department

600 Main Street Somers, CT 06071 (860) 763-8216

FEE:	\$200.00
Minor/Tank Only:	\$100.00
>2,000 Gal.:	\$400.00

## Application for Permit to Construct or Repair a Subsurface Sewage Disposal System

Application For: Residential Building (s) with Number of Bedrooms: \_\_\_\_\_

Non-Residential Building (s) Type and Design Flow: \_\_\_\_\_

Property Location: \_\_\_\_\_

- New Construction
- Repair

### Installer Information

Company Name: \_\_\_\_\_

Installer Name: \_\_\_\_\_

Installer Address: \_\_\_\_\_

Installer Phone Number/Email: \_\_\_\_\_

Installer License Number: \_\_\_\_\_

### Additional Design Criteria:

Garbage Disposal: Y/N      Large Tub (circle)? <100 gallons    100-200 gallons    Over 200 gallons

Groundwater Control Drains (circle all that apply): Footing/Foundation Drain / Curtain Drain

Proposed System (circle):    Tank      Leach Fields      Tank and Leach Fields      Tank Abandonment      D-Box (s)

Tank Size: \_\_\_\_\_ Pump Chamber: \_\_\_\_\_ Grease Trap: \_\_\_\_\_

Water Supply (circle): Public Private

### Owner Information

Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

Owner/Licensed Installer: \_\_\_\_\_ Date: \_\_\_\_\_