

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

Fee:	\$200.00
Minor/Tank Only:	\$100.00
>2000 Gal.:	\$400.00

APPLICATION TO CONSTRUCT OR REPAIR A WASTEWATER 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 _____

Engineer Design: yes _____ no _____, date of plan _____
Tank size: _____ gals. Manufacturer(s): _____
pump system: yes _____ no _____ grease trap: yes _____ no _____

Leachfield Type: _____ size _____ sq. ft
Foundation/Curtain drains: yes _____ no _____
whirlpool bath: yes _____ no _____, # of gals. _____
garbage disposal: yes _____ no _____

Water Supply: Public _____ Private _____

Water Treatment Disposal System: Type: _____ Model # _____ Discharge Vol. _____ gpd.

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 _____ Date _____
(Owner or duly authorized representative)

*** FOR FASTER SERVICE PLEASE INCLUDE YOUR EMAIL ADDRESS ***