



Town of Glastonbury

Health Department

APPLICATION FOR APPROVAL TO CONSTRUCT A SUBSURFACE SEWAGE DISPOSAL SYSTEM

To the Director of Health, Town of Glastonbury

Application/Permit #: _____

Date: _____

Application is hereby made for an approval to construct a subsurface sewage disposal system for a:

(Residential Building, Restaurant, Retail Building, etc.)

Located at: _____

(Street Address, Lot Number, Subdivision Name, Map, Block, Lot, etc.)

New System: Addition: Repair: Other: No. of Bedrooms: _____ Garbage Disposal: Yes No

Owner: _____ Address: _____ Tel. No.: _____

Installer: _____ Address: _____ Tel. No.: _____

Installer License No.: _____ E-Mail: _____

Septic Tank Size: _____ Plastic Tank: Concrete Tank: Pump Chamber:

Description of Proposed System: _____

Leaching System Square Footage: _____

In accordance with detailed information stated below:

Application Fee Paid: _____ Signed: _____

(Owner or duly authorized representative)

Permit Fee: New Lot: \$225 Repair: \$175 (tank replacement, leaching field, etc.) Minor Repair: \$125 (D-Box, pipe, etc.)

Permit expires one year from date of issuance if construction fails to start within the one year period. Fee is non-refundable.

GENERAL INFORMATION

Soil Tests Conducted (Date): _____ Lot Size: _____ sq. ft.

Area of Special Concern (Y/N): _____ If yes, Reason(s): _____

Basis of Design (#of Bedrooms, Restaurant Seats, Building Size, etc.): _____

Engineered Plan Required (Y/N): _____ If yes, Name of Engineer: _____

Address of Engineer: _____

Design Plan Approved (Y/N): _____ Date of Approved Plan: _____ Revision Date: _____

Type of Water Supply: _____ If well, has location been approved (Y/N): _____

Well Driller's Name: _____ Address: _____

OFFICE USE ONLY

Approval to Construct is hereby issued by: _____ Date: _____

(Print Name)

Signature: _____ Title: _____

Note: Approvals to Construct shall be issued by the Local Director of Health or Registered Sanitarian

Revised 11/2020