



BRISTOL-BURLINGTON HEALTH DISTRICT
 240 Stafford Avenue, Bristol, Connecticut 06010-4617
 Tel. (860) 584-7682 • Fax (860) 584-3814

APPLICATION FOR APPROVAL OF PLANS and to
CONSTRUCT A SUBSURFACE SEWAGE DISPOSAL SYSTEM - NEW SYSTEM

FEE \$250.00 (Non-refundable and non-transferable) **10 Day Review Process**

DATE PAID: _____ **PERMIT NO.** _____

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

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

LOCATION OF PROPERTY: TOWN _____

LOT #, STREET ADDRESS _____

OWNER OF PROPERTY _____

MAILING ADDRESS _____

TOWN _____ PHONE _____

BUILDER'S NAME _____

MAILING ADDRESS _____

TOWN _____ PHONE _____

SEPTIC INSTALLER'S NAME: _____ License #: _____

MAILING ADDRESS _____ PHONE: _____

LOT SIZE _____ # BEDROOMS _____

RESTAURANT SEATS # _____ # EMPLOYEES _____

DESIGN FLOW _____

WATER SUPPLY - PUBLIC _____ PRIVATE WELL _____

Is the boundary of property within 250' of Public Water Supply? Yes _____ No _____

WILL HOUSE SEWER BE BELOW BASEMENT FLOOR? _____

WILL THE HOUSE BE EQUIPPED WITH A GEOTHERMAL SYSTEM? _____

WILL THE HOUSE BE EQUIPPED WITH LARGE TUB OR SPA (OVER 100 GALLON Tub) Yes or No
 100-200 gallon tub increase septic tank 250gl. Over 200 gallon tub increase septic tank 500gl.

Garbage Grinders (not recommended) Yes _____ NO _____ If yes increase septic tank 250gl

FOOTING DRAINS _____

I certify that I am the owner of the property or the contractual representative of the owner. I understand, that in addition to this completed application, three original plot plans are required and one copy of the house plans. I understand that the well completion report must be submitted prior to issuance of a permit to construct. I further understand that B.B.H.D. has a ten day review process.

3 original plot plans submitted w/ this application Yes or NO _____ 1 copy of House plans submitted w/ this application Yes or NO _____

NAME _____ SIGNATURE: _____

*REVERSE SIDE - OFFICE USE ONLY

*** PROVIDE A COPY OF THIS FORM TO APPLICANT WHEN COMPLETED**