



Public Health
Prevent. Promote. Protect.



BRISTOL-BURLINGTON HEALTH DISTRICT

240 Stafford Avenue, Bristol, Connecticut 06010-4617
Tel. (860) 584-7682 • Fax (860) 584-3814 • www.bbhd.org

Healthy People



Healthy Communities

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 or NO**

Will house sewer be below basement floor? **YES or NO**

Will house have Footing Drains? **YES or NO**

Will house have large tub or spa ? **Yes or No** 100-200gl tub increase tank 250gl. Over 200gl increase tank 500gl

Only certain WTW authorized to discharge to SSDS . Discharge 50-150gl per cycle increase tank 250gl

WTW discharge >150 gl per cycle increase septic atbk 500gl

Will Garbage Grinder be installed (not recommended) **Yes or NO** ? If yes increase septic tank 250gl

3 original plot plans submitted w/ this application **YES or NO**

One copy of House plans submitted w/ this application **YES or NO**

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.

NAME _____

SIGNATURE: _____

*REVERSE SIDE - OFFICE USE ONLY

PROVIDE A COPY OF THIS FORM TO APPLICANT WHEN COMPLETED

LOCATION: _____ PERMIT NO. _____

SOIL TEST CONDUCTED (Date): _____

AREA OF SPECIAL CONCERN (Y/N): If yes, Reason(s): _____

ENGINEERED PLAN REQUIRED (Y/N): _____ If yes, Name of Engineer: _____

ADDRESS OF ENGINEER: _____

DATE PLAN APPROVED: _____ REVISION DATE: _____

TYPE OF WATER SUPPLY: _____ If well has been approved (Y/N): _____

DATE RECEIVED WELL COMPLETION REPORT: _____

NAME OF WELL DRILLER AND ADDRESS: _____

WELL STORAGE TANK NEEDED YES (Yield < 3gpm) NO

DATE PERMIT TO CONSTRUCT ISSUED: _____

DATE SEPTIC INSTALLER PERMIT ISSUED: _____

DATE RECEIVED SIEVE ANALYSIS OF SELECT FILL MATERIAL: _____

DATE OF SCARIFICATION: _____

DATE OF PERCOLATION TEST IN SELECT FILL MATERIAL: _____

DATES OF SITE INSPECTIONS _____

DATE OF FINAL INSPECITON: _____

DATE WELL WATER ANALYSIS RECEIVED: _____

DATE SEPTIC ASBUILT RECEIVED: _____

DATE OF WALK THRU (BEDROOMS) _____

DATE PERMIT TO DISCHARGE ISSUED: _____

DATE (**Approval or Conditional**) APPROVAL OF WELL WATER ISSUED: _____
(Circle one or above)

COMMENTS

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

Signature: _____ Title: _____

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



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Permit to Construct

PERMIT NO. _____

OWNERS NAME: _____

ADDRESS: _____ meets the requirements

for a Subsurface Sewage Disposal System

LOCATED AT: _____ **TOWN:** _____

EMAIL ADDRESS _____

**A PERMIT TO INSTALL THE SEPTIC SYSTEM MUST BE OBTAINED BY THE
INSTALLER PRIOR TO INSTALLATION.**

SEPTIC: _____ **SIGNATURE OF OWNER:** _____

WELL: _____ **SANITARIAN:** _____

of Bedrooms: _____ **DATE ISSUED:** _____

Permit valid for a period of one year from the date of issuance and shall terminate and expire upon a failure to start construction of the septic system within that period. Permit may be renewed for an additional one year period by the local director of health upon demonstration of reasonable cause for the failure to start construction within the one year period.

COPIES: Engineer Owner Building Dept. B-100 Building Addition or Accessory Structure

Revised: 5/20/08 (#16)