

**TOWN OF GUILFORD HEALTH DEPARTMENT
APPLICATION FOR SEWAGE DISPOSAL SYSTEM INSTALLATION PERMIT
SEWAGE DISPOSAL SYSTEM SITE INVESTIGATION**

Permit No. _____

Application No. _____

1. LOCATION: (Street) _____ **UID#** _____

Assessor's Map No.: _____ Lot No.: _____ Property ID#: _____

2. OWNER: _____

Mailing Address: _____

Phone: _____

3. SUBDIVISION:

Name: _____

Owner: _____

Proposed number of lots: _____

4. NATURE OF WORK:

- | | |
|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Subdivision OR new lot site testing |
| <input type="checkbox"/> Building addition (B-100) | <input type="checkbox"/> Soil Testing |
| <input type="checkbox"/> Repair of existing system / DTP for Repair | <input type="checkbox"/> Other _____ |

5. CONTRACTOR: _____ (Replacement, enlargement, etc.)

Name: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

License No.: _____ Email: _____

6. DESIGNATION DATA:

- A. No. of bedroom: _____ Bathtub capacity under 100 gallons
 100 to 200 gallons
 Greater than 200 gallons

B. If commercial / industrial, average sewage flow _____ gallons

C. Water supply: Public Private

D. Design percolation rate: _____ minutes / inch

E. Engineered system required

Engineer's Name: _____

Address: _____

Phone: _____ Fax: _____

CT Registration No.: _____

NOTE: Any construction, filling or clear cutting in or within 100 feet of an inland or wetland course, intermittent stream or water body falls with the jurisdiction of the Inland Wetland Commission. Notification to the Inland Wetlands Commission is required prior to any construction, filling or clear cutting so that a jurisdictional determination can be made.

GUILFORD HEALTH DEPARTMENT – SOIL EVALUATION

Date: _____ Location: _____ Owner: _____

F = Fine C = Course BLK = Black OR = Orange RD = Red a = and l = little
 LT = Light M = Medium BR = Brown s = some t = trace

Pit #		Pit #		Pit #	
Depth	Soil Conditions	Depth	Soil Conditions	Depth	Soil Conditions
Water Table		Water Table		Water Table	
Mottling		Mottling		Mottling	
Ledge at		Ledge at		Ledge at	

Pit #	
Depth	Soil Conditions
Water Table	
Mottling	
Ledge at	

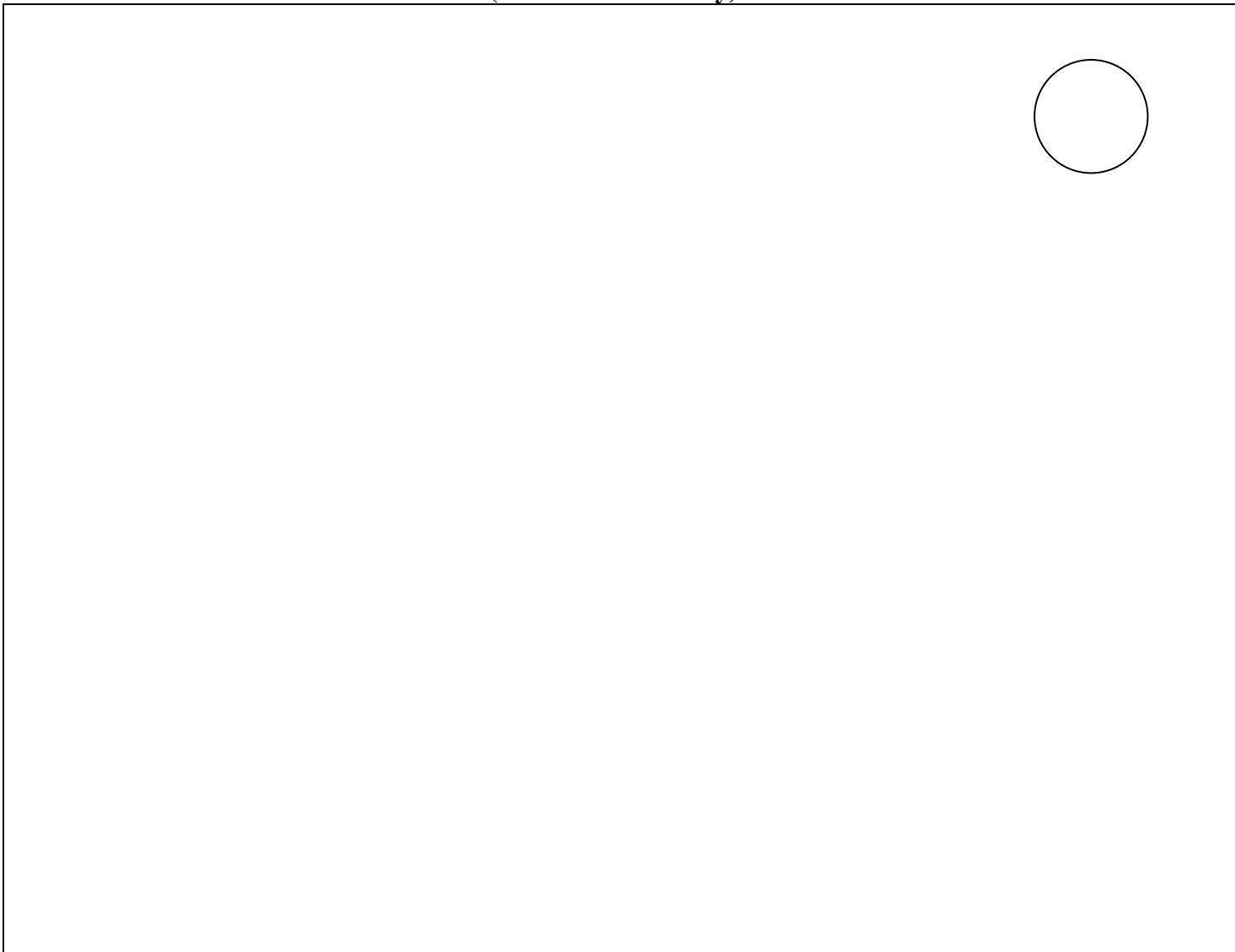
PERCOLATION TEST			
Length of Presoak: _____			
Depth of Hole: _____			
Water remaining in hole after presoak: _____ inches			
Date: _____ Sanitarian: _____			
TIME	READING	DROP	PERC RATE
			Final Perc Rate
			_____ mpi

Inspector: _____

Witnessed by: _____

SITE INVESTIGATION – TEST PIT LOCATION

(For Office Use Only)



SPECIAL CONDITIONS

Is public water service available: _____ Water supply watershed: _____
Larger than 2000 GPD: _____ Possible seasonal flooding: _____
High G.W. (Less than 3ft.) _____ Excessive slope: _____
Watercourse, marsh or pond: _____ Shallow suitable area: _____
Perc rate > 30 min/in: _____ Limited suitable area: _____
Perc rate < 1 min/in: _____ Water table: Near max. _____ Below max. _____

CONCLUSIONS

Suitable: _____ Water supply watershed: _____
Unsuitable: _____ Retest during wet season: _____
Engineering design required: _____ MLSS: _____

DESIGN RECOMMENDATIONS

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction. The proposed project described in this application _____

(is) (is not)

located within the coastal boundary as defined in Section 4 (b) of Public Act 79-535 (The Connecticut Coastal Management Act). It is understood that neither the Town of Guilford nor any authorized agent assumes any responsibility for construction or maintenance of any facility built under the Permit for which this application is made.

Signature: _____ Owner
 Agent

If agent, state title and submit letter permitting you to act as Owner's Agent.

Date signed: _____

Fee Paid: _____
(To be submitted at time of application. Make check payable to "Town of Guilford".)

ENGINEERING DEPARTMENT

Approved on: _____

By: _____
Engineering Department

HEALTH DEPARTMENT

Approved on: _____

By: _____
Director of Health

Required Septic Tank Size: _____

Required Leaching Area: _____ sq. ft.

INLAND WETLAND COMMISSIONS

Regulated Activity: _____

Permit Required: _____

Regulated Activity Approved by the Commission:

Permit Approved: _____

By: _____

COMMENTS:

Install septic system in accordance with approved engineered plan dated by: _____
