



TOWN OF PRESTON
 Health Department
 389 Route 2
 Preston, Connecticut 06365
 860-887-5581 x131 voice 860-204-0021 facsimile

Application Fee \$
Check/cash
Date Paid

APPLICATION FOR APPROVAL TO CONSTRUCT A SUBSURFACE SEWAGE DISPOSAL SYSTEM

Application / Permit # _____

To the Director of Health - Town of: _____ Date _____

Application is hereby made for a permit to construct a sewage disposal system for a:

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

Located at: _____
 Street Address

Lot # _____ Map # _____ Block # _____ Subdivision Name _____

New System _____ Addition _____ Repair _____ Other _____

Owner's Name (as it appears in Land Records)

Street Address _____ Town _____ State _____ Zip _____

Daytime Phone () _____ Evening Phone () _____

Installer: _____ License #: _____

Street Address _____ Town _____ State _____ Zip _____

Daytime Phone () _____ Evening Phone () _____

In accordance with detailed information stated below:

Application fee paid \$ _____ Signed _____
 (Owner or duly authorized representative)

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 can only be issued by the Local Director of Health or Registered Sanitarian