



Department of Health
Griswold / Lisbon / Voluntown
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SEWAGE DISPOSAL APPLICATION

Check One: New _____ or Repair _____

Property Location:

Town: _____ Street Address: _____

Subdivision Lot #: _____ Map / Block / Lot: _____
(located on assessors street card)

Owner of Property: _____

Mailing Address: _____

Daytime Phone: _____ Fax: _____

Installer: _____

Mailing Address: _____

Daytime Phone: _____ Fax: _____

License #: _____ Expiration Date: _____

Subdivision Name *(if applicable)*: _____ Number of Lots: _____

Existing Lot of Record: YES ___ NO ___ / Lot Size: _____ / Type of Proposed Building: _____

RESIDENTIAL: Number of bedrooms: _____ Water Supply (circle one): Public / Private

NON-RESIDENTIAL: Design Criteria _____ Design Flow _____

List any in ground oil tanks, pumps, whirlpools over 100 gallons, garbage disposals etc. _____

Wetlands on property? YES ___ NO ___

On a flood plain? YES ___ NO ___

Water courses or ponds? YES ___ NO ___

Footing drains? YES ___ NO ___

Owner / Applicant Signature: _____ Date: _____

BELOW FOR OFFICE USE ONLY:

Septic Permit Fee: \$45.00 _____

Perc Permit Fee: \$45.00 _____

Plan Review Fee: \$25.00 _____

Total Fees Paid at this time: \$ _____ Ck # _____ Cash _____

Date Paid: _____