APPLICATION & APPROVAL FOR A SEPTIC SYSTEM PLAN REVIEW

*This approval expires one year from date of issuance. This is a plan approval only.

Plan Type: New: Residential $250 / Comm $350  Repair: Residential $200 / Comm $300

Subdivision per lot (2 or more lots) $150  Tank Only $ no fee

Location: ____________________________

Subdivision Name: ____________________________

Street Address  Town  Map, Block, Lot #

Property Owner Name: ____________________________  Phone: ____________________________

Mailing Address: ____________________________  Email: ____________________________

Engineer Name: ____________________________  Phone: ____________________________

Mailing Address: ____________________________  Email: ____________________________

Installer Name: ____________________________  License #: ____________________________

Phone: ____________________________  Email: ____________________________

Mailing Address: ____________________________

RESIDENTIAL STRUCTURE

No. of Bedrooms: ____________  Plumbing in basement: YES / NO  Garbage Disposal: YES / NO

Jacuzzi or whirlpool: YES, (Capacity in gallons: ______ ) / NO  Tub over 100 gallons: YES / NO

*At the time of application, should a future pool location be known, please have show on the design plan.

Water Treatment Wastewater Disposal System: YES / NO  If yes, separate application/ requirements to be provided.

COMMERCIAL OR NON-RESIDENTIAL

Square footage of building: ____________  Intended Use: ____________________________

Number of Employees: ____________  Design Flow (gallons per day): ____________

WATER SUPPLY:  Public ☐  Private Well ☐

➢ The applicant is responsible for securing any necessary approvals or permits from other town agencies, including, but not limited to: Building, Zoning and Wetlands etc.

➢ Allow 7-10 working days for plan review.

➢ Two (2) sets of the septic proposal plan must accompany this application and fee to process the application.

➢ A copy of any deed restrictions or easements must be attached.

This is NOT a Permit to Construct – Installer must obtain a separate approval prior to any work.

__________________________  ____________________________  __________
Owner/ Applicant Signature  Printed Name  Date

Health District Use Only:

Fee Paid: ☐ Credit Card  ☐ Cash  ☐ Check #: ____________  Receipt #: ____________

DENIED: ____________  APPROVED: ____________  See attached CONDITIONS OF APPROVAL page.

Comments: __________________________________________________________________________

Application #: ____________  Reviewed By: ____________  Approval Date: ____________

APPROVAL IS ISSUED FOR THE ABOVE OWNER/APPLICANT AND IS NOT TRANSFERABLE TO ANOTHER OWNER/APPLICANT.