



Office Use Only:
 Fee: _____
 Pay Type: _____
 Check#: _____
 Permit#: _____

TOWN OF MADISON - HEALTH DEPARTMENT

8 Campus Drive, Madison CT 06443 Telephone (203)245-5681 Fax (203)245-5613 www.madisonct.org

SEPTIC PERMIT APPLICATION

Application is hereby made for a permit to construct/repair/alter a subsurface sewage disposal system at:

Date: _____ Address: _____

Owner's Name: _____ Telephone: _____

Residential: Number of Bedrooms _____ Commercial/ Describe: _____

CHECK ONE: NEW _____ REPAIR/DESCRIBE: _____

WATER TREATMENT SYSTEM: _____

EFFECTIVE LEACHING AREA REQUIRED: _____ EFFECTIVE LEACHING AREA PROVIDED: _____

LEACHING PRODUCT TYPE & LENGTH: _____

WATER SUPPLY: PRIVATE WELL _____ PUBLIC _____

Additional Information:

Will there be any plumbing fixtures in basement? _____ (If yes, provide details on plan proposal.)

Will footing or foundation drains be installed? _____ (If yes, show location on plan proposal.)

Will a curtain drain be installed? _____ (If yes, show location on plan or proposal.)

NOTE: No garbage disposal or water softening units will be allowed to discharge into the septic system.

NOTE: AN INSTALLERS PROPOSAL OR ENGINEERS DESIGN PLAN MUST ACCOMPANY APPLICATION.

FOR NEW CONSTRUCTION, ONE SET OF BUILDING PLANS MUST ACCOMPANY APPLICATION.

I certify that I am the owner of this property or the legal representative of the owner: (CIRCLE ONE)

Print Name: _____ Signature: _____

Name of Septic Contractor: _____

Address: _____

Phone: _____ Email: _____

Fax: _____ Installer License No. _____

**NOTE: ANY CHANGES FROM THE APPLICATION SUBMITTED MUST BE APPROVED IN ADVANCE BY THE HEALTH DEPT
 COMPLETE REVERSE SIDE**

AN INSTALLERS PROPOSAL OR ENGINEER'S DESIGN PLAN MUST ACCOMPANY THIS APPLICATION:

APPLICATION PLOT PLAN

(For non-engineered systems)

1. Dimension of lot, all sides
2. Location of proposed or existing house or building from lot lines (sides, front and back)
3. Location of detached buildings and other structures
4. Dimensions of house (length and width)
5. Location of water service or well, driveway and swimming pool
6. Location and specification of proposed subsurface sewage disposal system, primary area (and reserve area, if required)
7. Location of any watercourses, footing drains, curtain drains, storm drains, ledge outcrops, severe slope, and outstanding land features, etc..
8. Location of soil tests (deep tests and percolation tests)
9. Minimum leaching system spread (MLSS) calculations (if not prepared by engineer)

AN OFFICIAL PLOT PLAN OR A PLAN DRAWN TO SCALE BELOW MUST BE SUBMITTED (Include all items noted above or attach file)