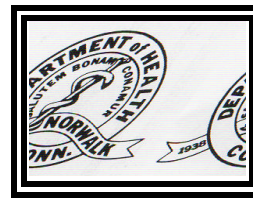


CITY OF NORWALK

137 EAST AVENUE
NORWALK, CT 06851



Septic System Permit:

new *repair* *addition*

TO THE DIRECTOR OF HEALTH, CITY OF NORWALK. Application No. _____ Date _____
I hereby apply for a permit to build or repair a sewage disposal system for a _____

(Residence, store, restaurant)

located at (address or lot#) _____ owned by _____
Sub Division _____ Date _____. To be built according to the specifications below:

GENERAL INFORMATION

No. Of Occupants _____ No. Of Bedrooms _____ Size of Lot _____

No. Of Toilets _____ Bath Tubs _____ Wash Bowl _____ Showers _____ Automatic Washers _____

Kitchen Sink _____ Laundry Tubs _____ Other _____ Fixtures in Basement _____

Type of system: Gravity _____ Pump _____. Size of Tank _____ Soil type _____

Water Supply _____ Well type _____ Distance from system _____ ft. (Minimum distance of proposed system to well or adjoining well is 75 ft.) (Minimum Distance to Property Line 10 ft.)

The Bottom of Any Leaching Area Shall Be at Least Eighteen Inches (18") Above Maximum Ground Water Level

The Septic Tank Shall be Located at Least 15 ft from the Building. Soil Pipe shall not be Lower Than 1 1/2 ft. Below Final Grade at the Foundation.

Minimum Distance of Trenches to Habitable Structure is 25 ft.

Type of System _____ Length of Trenches _____ Width _____ Depth of Stones _____

(IE: gallery, rechargers, infiltrators, pits)

Dry Wells: No. _____ Diameter _____ Depth Below Inlet _____

NO CHANGES SHALL BE MADE TO THE APPROVED SPECIFICATIONS, EXCEPT BY PERMISSION OF THE DIRECTOR OF HEALTH OR HIS AGENT. THE SYSTEM SHALL BE INSTALLED AS PER SKETCH SUBMITTED BY THE APPLICANT AND SHALL BE ATTACHED TO THIS FORM.

APPROVAL AFFIRMS THAT INSTALLATION MEETS LOCAL AND STATE SPECIFICATIONS , BUT IMPLIES NO GUARANTEE AS TO LENGTH OF PERFORMANCE. THIS PERMIT SHALL NOT BE CONSTRUED AS PERMISSION TO CREATE A NUISANCE.

ENGINEERED PLANS BY: _____

INSTALLER _____ LICENSE# _____

INSTALLERS ADDRESS _____

CITY _____

PHONE NUMBER _____

APPLICANTS

SIGNATURE _____ DATE _____ PHONE# _____

FOR OFFICE USE ONLY

PERMIT ISSUED BY _____ DATE _____

WELL INSTALLATION _____

(NAME, PERMIT #, DATE)

FIRST INSPECTION FINDINGS_____

SECOND INSPECTION_____

FINAL INSPECTION_____