



# City of Meriden, Connecticut

DEPARTMENT OF HEALTH & HUMAN SERVICES

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## **PERMIT TO CONSTRUCT OR REPAIR/REPLACEMENT A SUBSURFACE SEWAGE DISPOSAL SYSTEM**

Permit # \_\_\_\_\_

Fee \$100 (repair) \_\_\_\_\_

Location: \_\_\_\_\_  Residence  Commercial  
# of Bedroom \_\_\_\_\_

Property Owner: \_\_\_\_\_ Address \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Installer name: \_\_\_\_\_ License#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

## **SYSTEM DESIGN**

Size of septic tank: \_\_\_\_\_ Pump Size (if require): \_\_\_\_\_

Public water or well: \_\_\_\_\_ Total Square Footage of Leaching: \_\_\_\_\_

Type of Leaching System: \_\_\_\_\_ Date of Approved Plan: \_\_\_\_\_

Restrictions/Conditions: \_\_\_\_\_

In accordance with Section 170, Article IV of the Meriden City Code, I hereby request an approval to construct a repair to an existing private sewage disposal system. An inspection of this work is required. A diagram of this construction in the form of an as built drawing must be submitted to the Environmental Health Department.

Any Changes in design or location must have prior written approval by this department. Permit is valid for **ONE** year from date of issuance and is **NOT** transferable to any other person/location.

*Note: Valid photo ID and DPH license must be provided. A licensed subsurface sewage disposal system installer must be present during system installation.*

# APPLICATION FOR REPAIR OF AN EXISTING PRIVATE SEWAGE DISPOSAL SYSTEM

In the space below, sketch the existing system and the proposed repair.

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Please indicate North

Installer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Proposed repair approved by \_\_\_\_\_ Date: \_\_\_\_\_  
Sanitarian

Final inspection by \_\_\_\_\_ Date: \_\_\_\_\_  
Sanitarian