



City of Meriden, Connecticut

DEPARTMENT OF HEALTH & HUMAN SERVICES

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PERMIT TO CONSTRUCT A SUBSURFACE SEWAGE DISPOSAL SYSTEM

Permit # _____ Fee \$150 (new) _____
Plan review Fee \$100 _____ (includes one revision) \$25 each additional revision _____

Location: _____ Residence Commercial
of Bedroom/GPD _____

Property Owner: _____

Address: _____ 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: _____

Installer Signature: _____ Date: _____

Sanitarian Signature: _____ Date: _____

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.