



**Permit to Construct or Repair a Subsurface Sewage Disposal System**

<input type="checkbox"/> Install A New Septic System .....	\$ 1000.00
<input type="checkbox"/> Septic Repair.....	\$ 350.00
<input type="checkbox"/> Minor Repair (Distribution box or new pipe).....	\$ 150.00
<input type="checkbox"/> New Septic Tank/Pump Chamber.....	\$ 200.00
<input type="checkbox"/> Tank Abandonment (Connecting to Sewer).....	\$ 100.00

**Permit Number:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

\*\*\*\*\*  
 Project Location/Address: \_\_\_\_\_ Property Owner: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Water Supply (circle): Well Public Community Well

**Description** of Work (Type and Length of system being installed):

\_\_\_\_\_

Septic Tank Size: \_\_\_\_\_ Pump Chamber Size: \_\_\_\_\_  
*\*A licensed Electrician is required to pull a permit to wire the pump chamber\**

Installer's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Cell # \_\_\_\_\_

Septic Plan by: \_\_\_\_\_ Approved Date: \_\_\_\_\_

**Licensed Installer Agrees:**

To notify Health Department before beginning installation or site preparation.

*If installing a pump chamber: A licensed electrician is required to pull a permit with the building dept.*

To stop work & notify Health Department if the system cannot be installed in accordance with the approved plan.

Any changes to the approved plan must be approved by design engineer & the Health Department.

To ensure that the system is inspected and approved before any portion is backfilled.

To submit a detailed "as-built" of the installed septic system in a timely manner.

\*For Septic System Abandonment, all hollow structures will be pumped by a licensed cleaner, crushed & filled. \*\*Certification of pump-out is required.

A licensed installer is to take out the permit with the Ridgefield Health Department and must be able to provide his/her installer's license and driver's license.

No "Certificate to Discharge" will be issued until the "As-Built" drawing is filed at the Ridgefield Health Department.

**RED LINED AS-BUILTS ARE NOT ACCEPTED**

**Signature of Installer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved to Construct By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sanitarian's Signature