



TOWN OF RIDGEFIELD
Health Department

Application for Permit to Construct a Sewage Disposal System

Application is hereby made for the permit to construct a sewage disposal system

For a Residence Office Restaurant Store Accessory Building
Other _____

SITE ADDRESS: Lot # _____ Street Address: _____
Tax Assessor # _____

Type of System: New Repair Septic Tank Replacement
Demonstrating Reserve for Bldg. Addition Other _____

Reason for repair, B100a or tank replacement, etc. _____

Owner's Name _____ Phone (____) _____
Address _____ Town _____ State _____ Zip _____

Installer's Name _____ Phone (____) _____
Address _____ Town _____ State _____ Zip _____
License # _____

Engineer's Name _____ Phone (____) _____
Address _____ Town _____ State _____ Zip _____
License # _____

In accordance with detailed information below

Signed _____ Date _____
(Installer, Engineer or Property Owner)

NOTE: If a pump system is required, the installer MUST secure the services of a licensed electrician to take out a permit with the Building Department.

APPLICANT MUST CHECK ALL APPLICABLE BOXES

Subdivision Approved yes no Date _____ Lot Size _____ Ac.

Watershed Wetlands Flood Zone Foundation Drains

Water Supply: Private Well Community Well Public Water

Design Basis: Residential # of Bedrooms _____

Non-Residential _____ GPD Flow

SCS Soil Classification _____ Date Sewer Scheduled _____

Basement Fixtures