



City of Meriden, Connecticut

DEPARTMENT OF HEALTH & HUMAN SERVICES

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Director of Health and 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.

Please indicate North

Installer Signature: _____ Date: _____

Proposed repair approved by _____ Date: _____
Sanitarian

Final inspection by _____ Date: _____
Sanitarian