

For the fee amount please see the fee schedule at <http://www.fairfieldct.org/health> or speak with a Sanitarian.



Permit Type: New / Repair / Addition  
(Circle one)

Receipt: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Town of Fairfield**  
HEALTH DEPARTMENT  
725 Old Post Road  
Fairfield, Connecticut 06824

Sands L. Cleary  
Director of Health

Phone (203) 256-3020  
Fax (203) 254-8850

**APPLICATION & PERMIT  
FOR CONSTRUCTION OF SUB-SURFACE SEWAGE DISPOSAL SYSTEM**

TO THE DIRECTOR OF HEALTH, Town of Fairfield. I hereby apply for a permit to construct a private sub-surface sewage disposal system for a

Type of Building	Owner	Present Address
To be located at:		in the Town of Fairfield
To be installed by:		Address:
Signed: _____ Tel. # _____ Lic. # _____ Expir. Date: _____ Applicant		

\_\_\_\_\_ (Please Initial) I understand that the issuance of this permit does not relieve me of the obligation to comply with the regulations, codes or ordinances of other Town departments such as, but not limited to, the Building, Zoning or Conservation Departments.

**BUILDING DETAILS**

No. of Bedrooms:	Garbage Disposal: _____ Y / N _____	Basement Fixtures: _____ Y / N _____	Tub in Excess of 100 Gals: _____ Y / N _____
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**WATER SUPPLY**

Source:	Well Type:	Distance from System:
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**SOIL TEST**

PERMIT No.:	Date:
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**DETAILS OF SYSTEM**

Effective Leaching Area: _____ sq. ft.	Tank Size: _____ gallons	MLSS _____ Y / N _____ Length _____
Central System Exception: _____ Y / N _____	Select Fill: _____ Y / N _____	Pump Chamber Gals: _____
<b>Please submit an asbuilt when the work is completed. Asbuilt must be smaller than 11x17 or submitted both electronically and with a paper copy.</b>		Leaching Type: _____ Length: _____

# Town of Fairfield

Health Department

## PERMIT TO CONSTRUCT SUB-SURFACE DISPOSAL SYSTEM

Permission is hereby granted to \_\_\_\_\_ for construction of a sewage disposal system

on premises at: \_\_\_\_\_

in accordance with description and plans as outlined.

Date \_\_\_\_\_ Permit # \_\_\_\_\_ Signed \_\_\_\_\_  
Sanitarian

### REGULATIONS

1. This application form is to be filled out in duplicate and is not valid until countersigned by the Director of Health or Sanitarian.
2. A sketch of the proposed system, showing plot plan, building, the location and layout of the septic tank and disposal field MUST be included. This shall be drawn to scale.
3. Curtain drains shall be installed where necessary, in the opinion of the Director of Health, to intercept and divert surface and ground water.
4. This permit is issued with the understanding that future alterations or additions will be made if necessary in the opinion of the Director of Health or Sanitarian. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of the permit, the Town assumes no responsibility for the future operations and maintenance of the system.
5. No oversight or neglect of duty on the part of the Director of Health or Sanitarian shall legalize the construction alteration or repair of any sewage system in a manner not in conformity with the provision of the Public Health Code of the Town of Fairfield or the State of Connecticut.
6. This permit automatically becomes null and void unless a final inspection is performed before the sewage disposal system is covered, and also if any part of or all of the information given by the applicant is false.

**I HAVE READ THE ABOVE REGULATIONS AND AGREE TO ABIDE BY THEM.**

Signed \_\_\_\_\_  
Applicant

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#### FOR OFFICE USE ONLY-PLEASE DATE AND INITIAL NEXT TO EACH ITEM

Septic Tank NA	Pump Chamber NA	Fields NA	Sewer Line NA
Filter	Alarm Level	Length	Pitch
Inlet "T"	Alarm Function	Level	Clean Out
Size	Pump	Scarification	
	Weep Hole/ >4 ft	Sieve Analysis	

#### COMMENTS:

Inspection Dates \_\_\_\_\_

Complete system inspected and approved \_\_\_\_\_

As Built on file \_\_\_\_\_  
Date

By: \_\_\_\_\_  
Sanitarian