



City of Meriden, Connecticut

DEPARTMENT OF HEALTH & HUMAN SERVICES

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APPLICATION FOR REPAIR OF AN EXISTING PRIVATE SEWAGE DISPOSAL SYSTEM

LOCATION: (street/Lot) _____ # OF BEDROOMS _____

INSTALLER NAME: _____ LICENSE#: _____ PHONE # _____

OWNER _____ ADDRESS _____

In accordance with Section 170, Article IV of the Meriden City Code, I hereby request and 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 if an as built drawing must be submitted to the Environmental Health Department. In the space below, sketch the existing system and the proposed repair.

Please indicate North

Installer Signature: _____ Date: _____

Proposed repair approved _____ Date: _____
Sanitarian

Final inspection by _____ Date: _____
Sanitarian