



City of Meriden, Connecticut

DEPARTMENT OF HEALTH & HUMAN SERVICES

Lea Crown, MPH
Director of Health and Human Services

165 Miller Street
Meriden, CT 06450-4283
Telephone (203) 630-4226
Fax (203) 639-0039

PERMIT TO CONSTRUCT OR REPAIR A SUBSURFACE SEWAGE DISPOSAL SYSTEM

Permit # _____

Fee \$150 (new) _____
\$100 (repair) _____

Location: _____ Residence Commercial
of Bedroom _____

Property Owner: _____

Address: _____ Phone: _____

Installer name: _____ License#: _____

Address: _____ License#: _____

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 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.



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*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.*

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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 _____ Date: _____

Sanitarian



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Final inspection by _____ Date: _____

Sanitarian