

**TOWN OF WALLINGFORD
HEALTH DEPARTMENT**

**Installer's Plot Plan
Subsurface Sewage Disposal System**

Indicate all pertinent information for the proposed subsurface sewage disposal system.
(Include house, out buildings, wells, streams, wetlands and drains).

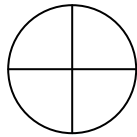
Indicate design basis: Restrictive layer, proposed system components and depth of installed system.

New System _____

Repair System _____

Date: _____

Indicate North:



Address: _____

Property Owner: _____

COMPLETE BOTH SIDES OF FORM, SIGNATURE OF INSTALLER REQUIRED

Indicate Design Basis: Number of bedrooms _____
Perc Rate _____ Restrictive layer: _____

1. Required square footage _____ square feet.
2. Square footage proposed (repair systems) _____ square feet.
3. Septic tank _____ gallons (use of existing ST must include outlet filter)
4. Suitable reserve area available? _____ Show area on front-page drawing.
5. Distance between building foundation and septic tank _____ feet.
6. Distance between building foundation and septic tank _____ feet.
7. Is building connected to public water supply? _____
8. Distance between sewage system and nearest well _____ feet.
9. Distance between edge of leaching system and property borders _____ feet.
10. Are all sections of the sewage system at least 25 feet away from any neighboring dwellings? _____
11. Distance from wetlands _____ (indicate if no wetlands)
12. Is septic fill required? _____ If yes, sieve analysis required.

The undersigned hereby certifies the information supplied is substantially correct. No work shall begin until plan is approved and permit issued. Licensed installer must be on-site for final inspection.

Signature: _____ Date _____
(Licensed Installer)

Name: _____ License# _____
(Print Installers Name)

Installer Phone _____

Installer Address _____

Reviewed/Approved: _____ Date _____
(Authorized Health Dept. Agent)

**ALL INSPECTIONS MUST BE SCHEDULED WITH THE HEALTH DEPARTMENT
203-294-2065**

COMPLETE BOTH SIDES OF FORM, SIGNATURE OF INSTALLER REQUIRED