

Town of Killingworth

323 Route 81, Killingworth, Connecticut 06419

Health Department

Telephone: 860-663-1765

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APPLICATION FOR SEPTIC/B-100 REVIEW

Location address: _____ **Map #** _____ **Lot #** _____

Applicant: Name: _____ Phone #: _____

Address: _____ Cell #: _____

Property Owner: Name: _____ Phone #: _____

Mailing Address: _____ Cell#: _____

Type of Review (check which apply):

Addition (describe and provide house plans of before and after): _____

Barn/Shed (describe size and if footing drains are planned): _____

Pool (describe if in-ground or above ground): _____

Deck (provide size): _____

Septic Proposal (New or Repair)

Other (provide details): _____

Number of Bedrooms? Currently: _____ Proposed: _____

Soil Test Data on file in Health Department? Yes _____ No _____ (See Sanitarian)

Has the septic tank been pumped out within the past 5 years? Yes _____ No _____

Applicants Signature: _____ **Date:** _____

Fee \$ _____ **Paid by check #** _____ **Date** _____

Addition/barn/pool/deck - \$100 Home Septic Repair - \$75 Home Septic New - \$100

Commercial (see Fee Schedule)

Office only: Approved / Not Approved

Comments: _____

Sanitarian Signature _____ **Date:** _____