



NEWTOWN HEALTH DISTRICT

APPLICATION & APPROVAL

for PERMIT TO CONSTRUCT a SEPTIC SYSTEM

LICENSED SEPTIC INSTALLER'S NAME: _____
INSTALLER'S ADDRESS: _____
INSTALLER'S TEL #: _____ FAX#: _____

ADDRESS OF PROPOSED SEPTIC SYSTEM: _____
ASSESSOR'S MAP _____ BLOCK _____ LOT _____

PROPERTY OWNER'S NAME: _____
OWNER'S TEL #: _____ FAX#: _____
OWNER'S MAILING ADDRESS: _____

NEW _____ \$150.00 REPAIR _____ \$50.00 check # _____ Date _____
RESIDENTIAL STRUCTURE: No. of Bedrooms _____
COMMERCIAL OR NON-RESIDENTIAL:
Square footage of building: _____ Design Flow (GALLONS PER DAY): _____

NOTE: This approval expires 12 months from date of issuance. This is NOT a plan approval.
This is a Permit-to- Construct – A septic plan approval must be obtained prior to this permit.

Licensed Septic Installer's Signature Date _____

Licensed Septic Installer is responsible for scheduling inspections with Health District office.

FOR HEALTH DISTRICT USE ONLY --- APPROVED
See attached CONDITIONS of APPROVAL page
Permit # _____ Issued By _____ Approval Date _____