

**TOWN OF GUILFORD
APPLICATION FOR APPROVAL OF SEWAGE DISPOSAL
SYSTEM**

DATE _____

To the Town Clerk:

Under the provisions of Section 4 of the Town of Guilford Sewage Disposal Regulations, application is hereby made for a permit to construct a sewage disposal system to serve the herein after described property, concerning which the following information is submitted:

1. Owner _____

2. Telephone # _____

3. Address _____

4. Tax map number (section – lot – block) _____

5. Location of property _____
(Street or road number)

6. Contractor _____

Address _____

Telephone # _____

7. Lot dimensions _____ No. Rooms _____ Bedrooms _____
Bathrooms _____ Lavatories _____ Sinks _____ Showers _____
Special fixtures (garbage disposal or others)

8. Source of water supply _____

9. Daily sewage flow: No. of persons _____
gals. per day _____ (to be completed if known or can be estimated)

10. Settling treatment, septic tank: Liquid capacity _____
Material _____
Inside dimensions: Length _____ Width _____
Effective depth: _____ diam.
(Note: Liquid capacity of tank shall be not less than volume of waste per day, with a minimum of 300 gals.)

11. Soil: clay ____, loam ____, sand ____, boulders ____, rock ____
Surface: flat ____, sloping ____, steep ____
Ground water & surface drainage: good ____, fair ____, poor ____
(Check term that applies).

Absorption test: _____ minutes per inch drop.

12. Absorption treatment: trenches _____ inches wide _____ linear ft.
of distributing tile _____ inches, average depth of trench _____
average grade of one inch fall in _____ ft., gravel _____ cu. yards
to depth of _____ inches below bottom of pipe.
Leaching pits, number _____ outside dimensions _____ depth
below flow line _____ liquid capacity inside walls _____
material _____
Absorption area: trenches _____ leaching pits _____
Total _____ sq. ft.

13. Remarks or description of other than leaching systems of disposal:

Signature _____ Title _____
(By owner, builder or sewage disposal firm or contractor)

Following to be filled out by Sanitary Inspector:

Signature of person inspecting: _____

Date of inspection: _____

Remarks:

Explain violation and alterations required:

To be completed by Town Clerk:

Paid by: _____

Received by: _____

Date: _____

Sketch required below, showing plan with general relation of dwelling and property boundaries to system and arrangement of absorption facilities, together with the location of near by water supplies and all other pertinent data, including details of special structures and unusual features. A fee of \$25 dollars is to accompany this application made payable to Guilford Town Clerk.