



APPLICATION FOR SEPTIC SYSTEM INSPECTION AND CERTIFICATION

PROPERTY LOCATION:

Street Address _____ Town _____
Lot # _____ Map # _____ Block # _____

DIRECTIONS TO PROPERTY:

(Include house color, style, landmarks, etc.)

OWNER INFORMATION:

Name _____ Address _____
Town _____ State _____ Zip Code _____
Phone _____

APPLICANT INFORMATION

Name _____ Address _____
Town _____ State _____ Zip Code _____
Phone _____

Do any easements exist on the property? Yes _____ No _____
Is the property serviced by a well? Yes _____ No _____
Is the property serviced by an on-site sewage disposal system? Yes _____ No _____
Is there a municipal sewer line within 200 feet? Yes _____ No _____
Is the house occupied at this time? Yes _____ No _____
Is the house (or was it last) occupied by: Owner _____ Tenant _____
If the house is unoccupied, how long has it been so? _____

The following questions must be answered by the occupants(s):

If the house is serviced by an on-site sewage system, have there been any recurring problems?
Yes _____ No _____ If yes, what problems? _____
Odor _____ Drainage _____ Surfacing of sewage _____ Other _____
Explain: _____

If the house is serviced by an on-site well, have there been any recurring problems?

Yes _____ No _____ If yes, what problems? _____

Insufficient quantity of water _____ Poor taste _____ Odor in water _____

Other _____ Explain _____

The following section must be completed by the owner:

If there is an on-site sewage disposal system:

In what year was this system installed? _____

Has it ever been necessary to repair the system? Yes _____ No _____

If yes, in what year was the repair made? _____

What is the capacity of the septic tank? _____ gallons

In what year was the septic tank last pumped? _____

If there is an on-site well:

In what year was it installed? _____

Is the well used to supply any other building(s)? _____

If yes, please explain: _____

If required by the lending institution or buyer, a complete, certified water analysis is to be submitted with this application (bacteriological, chemical and physical).

A diagram of the property including the location of the house, well and sewage disposal system is to be submitted with this application.

Individual/agency to whom the report is to be sent:

Name _____

Address _____

Fee: \$50.00 for file search only \$100.00 for inspection at property

For District Use Only

Date received _____ Date inspected _____

Fee paid \$ _____ Cash _____ Check# _____ Receipt # _____

**401 West Thames Street - Ste. #106, Norwich, CT 06360
Telephone No. (860) 823-1189 FAX No. (860) 887-7898
E-Mail: office@uncashd.org
Internet: www.uncashd.org**