



Joseph P. Ganim
Mayor

City of Bridgeport
Department of Health & Social Services
Environmental Health

999 Broad Street, Bridgeport, CT 06604
Telephone: 203-576-7474
Fax: 203-576-7793
bridgeportct.gov/EnvironmentalHealth

Dr. Elizabeth Rivera-Rodriguez, DNP, MPH, MSN, RN
Director of Health & Social Services

Sumit Sharma, MPH, MDiv.
Deputy Director of Health & Social Services

Audrey M. Gaines, BS
Deputy Enforcement Officer

APPLICATION TO CONSTRUCT A SUBSURFACE SEWAGE DISPOSAL SYSTEM

FEE: \$200

CHECK#: _____

RECEIVED BY: _____ DATE: _____

To the Director of Health, in the City of Bridgeport, on: _____

Date

Application is hereby made for an approval to construct a subsurface sewage disposal system for a:

(Residential Building, Restaurant, Retail Building, etc.)

Located at: _____

(Street Address, Lot Number, Subdivision Name, Map, Block, Lot, etc.)

New System _____ Addition _____ Repair _____ Other _____

Property Owner: _____

Name

Address

Phone

Engineer: _____

Name

Address

Phone

Installer: _____

Name/License#

Address

Phone

In accordance with detailed information stated below: Signed: _____

(Owner or duly authorized representative)

GENERAL INFORMATION

Soil Tests Conducted (Date): _____ Basis of Design: _____

Design Plan Approved (Y/N): _____ Date of Approved Plan: _____ Revision Date: _____

Notes: _____

OFFICE USE ONLY Approval to Construct is hereby issued by: _____ Date: _____

(Print Name)

Signature: _____ Title: _____