

**Wilton Health Department**

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**Town Hall Annex**

238 Danbury Road  
Wilton, CT 06897  
P-203-563-0174  
[E-health@wiltonct.org](mailto:E-health@wiltonct.org)

**Application for Septic Plan Review**

**Date:** \_\_\_\_\_

**Type of Review Requested (please check one)**

- |  |  |
|--|--|
| <input type="checkbox"/> New Septic System... \$300                      | <input type="checkbox"/> Repair...\$200              |
| <input type="checkbox"/> B100a Code Compliance Review ... \$200          | <input type="checkbox"/> Replacement System ...\$200 |
| <input type="checkbox"/> Voluntary upgrade...\$200                       | <input type="checkbox"/> Plan Revision... \$100      |
| Residential <input type="checkbox"/> Commercial <input type="checkbox"/> |  |

**Location:** \_\_\_\_\_ **Owner:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Please Submit**

- One copy of the building plan (for new construction and/or B100a review)
- Two copies of the septic system design plan
- The appropriate fee.

**Plan Prepared by:** \_\_\_\_\_

**Plan Date:** \_\_\_\_\_ **Most Recent Revision Date:** \_\_\_\_\_

**Builder:** \_\_\_\_\_ **Contact Info:** \_\_\_\_\_

**Installer:** \_\_\_\_\_ **Contact Info:** \_\_\_\_\_

Potable water provided by:  Public water or  Private well. Geothermal wells proposed: Yes / No

Number of Bedrooms: \_\_\_\_\_ Design Flow: \_\_\_\_\_ Any Large Tubs over 100 gallons: Yes / No

Garbage Disposal: Yes / No

***For Repairs Only: Any Exceptions to Technical Standards Needed? Yes / No***

I hereby certify that I am the owner or have been authorized to represent the owner of the above property.

**Print Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_