



# Connecticut River Area Health District

455 Boston Post Road Suite 7  
Old Saybrook, CT 06475

## ENGINEERED PLAN REVIEW

**CIRCLE:**                      New                      Repair                      Subdivision

(New & Repair: \$110.00/Residential    \$200.00/Commercial)                      (\$75.00 per lot)

ENGINEER: \_\_\_\_\_ LICENSE # \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

EMAIL \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_ OWNER PHONE # \_\_\_\_\_

**I attest that the plan submitted for Health District approval is compliant with the CT Public Health Code.**

**(For an Old Saybrook WWMD plan, by your signature, you are also attesting to the plan being compliant with the Town of Old Saybrook WWMD up-grade standards.)**

**When applicable a copy of the building plans/floor layout must accompany the septic plan.**

DATE: \_\_\_\_\_

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Office Use.....

Payment Received:                      Cash \_\_\_\_\_                      Check # \_\_\_\_\_

Date Approved: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of Plan: \_\_\_\_\_ Last Revision Date: \_\_\_\_\_