



Health and Sanitation Department
TOWN OF NEW FAIRFIELD
 4 Brush Hill Road
 New Fairfield, CT 06812-2665
 (203) 312-5640 (203) 312-5608
 health@NewFairfield.org

OFFICE USE ONLY	
Date Paid:	_____
Check #:	_____
Start Date:	_____

Application to install a Septic System

New Construction \$ 500.00

Repair/replace system \$ 200.00

Make checks payable to: **Town of New Fairfield**

Street Address

Number of Bedrooms:

 Owner's Name

 Map

 Block

 Lot

 Owner's Address

 City

 State

 Zip

Description: _____

Septic Installer's Name

Septic Installer's Phone

License #

 Septic Installer's Address

 City

 State

 Zip

Signature: _____ **Date:** _____