



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Subsurface Sewage Disposal System Installer License
Verification of Experience Form**

APPLICANT: Please read the following information carefully.

- *It is the responsibility of the applicant to notify the Local Health Department of their intent to participate in the subsurface sewage disposal system (SSDS) installation prior to the start of construction.*
- *It is the responsibility of the applicant to be present on the jobsite during the SSDS installation and during inspections made by the Local Health Department (unless prior arrangements are agreed upon).*
- *SSDS's installed more than 5 years prior to the exam date shall not be accepted.*
- *Work that does not include the installation of a leaching system shall not be accepted.*
- *A separate form must be used for each of the four (4) required SSDS installations.*
- *It is the responsibility of the applicant to obtain the form once completed by the Local Health Department.*

Please print your Name and Date of Birth below and submit this form to the Local Health Department.

Name: _____ Date of Birth: ____/____/____

APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR LOCAL HEALTH DEPARTMENT USE ONLY

System Information

Property Address: _____

City/Town: _____ State: _____

Local Health Department: _____ Telephone: _____

Licensed Installer: _____ License No: _____

Final Inspection Date: _____ Permit No: _____

Licensed installer confirmed applicant's participation in the SSDS installation? YES NO

Applicant was present during Local Health Department inspections? YES NO

SSDS has been installed in accordance with the approved plan? YES NO

Provide an explanation if "NO" was answered to any of the above:

Name (print): _____ Title: _____
(Local Health Department Authorized Agent)

Signature: _____ Date: _____

LOCAL HEALTH DEPARTMENT: Please make this form available to the applicant once it has been completed. It is recommended that a copy of this form be placed in the property file.

APPLICANT: Forms must be included with Installer License Application submitted to DPH for exam eligibility.