



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: Thomas A Stevens - Assoc. Inc LICENSE # 10203

PHONE # 203-245-0149 FAX # _____

EMAIL civil911@gmail.com

PROPERTY ADDRESS: 18 Nod Road, Clinton

OWNERS NAME: 18 Nod Rd LLC OWNER PHONE # 203-996-2983

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: 2-14-18

PRINT: Tony Bolduc SIGNATURE: [Signature]

Office Use.....

Payment Received: Cash _____ Check # _____

Date Approved: _____ Signature: _____

Date of Plan: _____ Last Revision Date: _____