

Date: _____

State of Connecticut
Department of Public Health
Environmental Engineering Program
410 Capitol Avenue, MS #51SEW
P.O. Box 340308
Hartford, CT 06134
Attn: Theresa Williams

RE: Request for Public Health Code Regulations and January 1, 2009 Revisions to
Technical Standards for Subsurface Sewage Disposal Systems

Please send _____ copy(s)* of the Public Health Code Regulations and January 1,
2009 Revisions to Technical Standards for Subsurface Sewage Disposal Systems to:

Name: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

**Enclosed please find a check or money order made payable to "Treasurer,
State of Connecticut" in the amount of \$_____.**

* Each copy is three dollars (\$3.00)