



TORRINGTON AREA HEALTH DISTRICT

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"Promoting Health & Preventing Disease Since 1967"

APPLICATION & APPROVAL FOR A NEW SEPTIC SYSTEM

Notes: This Approval Expires 12 Months From Date Of Issuance.
This Is Only A Plan Approval -Not A Permit To Construct - Installer Must Obtain A Separate Permit Prior To Any Work.

STREET ADDRESS OF PLAN _____ TOWN _____

SUBDIVISION NAME _____ LOT # _____

ENGINEER NAME _____ PHONE _____

ENGINEER STREET ADDRESS _____ TOWN _____ ZIP _____

OWNER _____ PHONE _____

MAILING ADDRESS _____ TOWN _____ ZIP _____

RESIDENTIAL STRUCTURE

NUMBER of BEDROOMS _____ TOILETS / SINKS in BASEMENT YES () NO () GARBAGE GRINDER YES () NO ()

JACUZZI or WHIRLPOOL _____ CAPACITY in GALLONS _____

* SIZE of (Future?) SWIMMING POOL – ABOVE GROUND _____ BELOW GROUND _____

* If future pool location is known at the time of the application it should be shown on design plan.

COMMERCIAL OR NON-RESIDENTIAL

SQUARE FOOTAGE of BUILDING _____ INTENDED USE _____

NUMBER of EMPLOYEES _____

DESIGN FLOW _____

TOILETS / SINKS in BASEMENT YES () NO ()

A COPY OF ANY EASEMENTS OR DEED RESTRICTIONS MUST BE ATTACHED

CLOSEST PUBLIC WATER LINE _____

UNDERGROUND STORAGE TANKS? YES () NO ()

■ This application must be accompanied by the fee of **\$250.00**, one (1) set of engineered plans showing the map, block and lot numbers, and one (1) set of returnable building plans. (Returned Check Fee \$25)

■ The applicant understands that the results of any tests conducted by or on behalf of the Torrington Area Health District are public information. The responsibility for the proper maintenance and operation of this septic system is entirely the owner's.

APPLICANT SIGNATURE _____ DATE _____ PHONE _____

FOR HEALTH DISTRICT USE ONLY

APPLICATION # _____ REVIEWED BY _____ APPROVAL DATE _____

The Torrington Area Health District is an equal opportunity provider and employer.