



# 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**, two (2) sets 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 \_\_\_\_\_