SEPTIC SYSTEM APPLICATION & APPROVAL FORM

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 YES ( ) NO ( ) CAPACITY in GALLONS ___________________________

* If a future outdoor 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 ___________________________ NUMBER of EMPLOYEES ___________________________ DESIGN FLOW ___________________________

INTENDED USE ___________________________

______________________________________

TOILETS / SINKS in BASEMENT YES ( ) NO ( )

CLOSEST PUBLIC WATER LINE _______(feet) UNDERGROUND STORAGE TANKS? YES ( ) NO ( )

This application must be accompanied by:

- The fee of $250.00, (Returned Check Fee $25)
- Two (2) sets of engineered plans and one (1) set of returnable floor plans for the building served.
- A copy of any easements or deed restrictions

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.
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.
Rev. 2-3-14