



# TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790

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## Water Treatment Wastewater Application

**Application Shall Be Accompanied By A \$100 Fee**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lot #	Street #	Street Name	Town
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner	Owner Address	Town	St
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Owner Telephone	Agent's Name	Agent's Phone	

### Water Treatment Information:

<input type="text"/>	<input type="text"/>	
Water Treatment Make/Model	Type of Treatment System	
<input type="text"/>	<input type="text"/>	
WTW Discharge Volume	WTW Proposed Disposal Type	
<input type="text"/>	<input type="text"/>	
Depth to Ledge	Depth to Groundwater	<input type="text"/>
		WTW Installer

### Existing Septic System Information If Available:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Plan Date	Approval Date	Ssds Plan Prepared By	Plan Reviewed By	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Septic System Type	Tank Size	Sq. Ft. Septic System	Septic System Length	<input type="text"/>
				Permit #

Please provide a sketch of WTW disposal area on the back

<input type="text"/>	<input type="text"/>	<input type="text"/>
Application Date	WTW Fee Paid	Signature

<input type="text"/>	<input type="text"/>
Approved By	WTW Approval Date