

**NAUGATUCK VALLEY HEALTH DISTRICT**

**98 Bank Street**

**Seymour, CT 06483**

**Phone (203) 881-3255 Fax (203) 881-3259**

**APPLICATION & APPROVAL FOR A SEPTIC SYSTEM REPAIR**

**This Approval Expires 12 Months From Date of Issuance**

**APPLICATION FEE: \$175**

**FEE IS NOT TRANSFERRABLE AND IS NOT REFUNDABLE**

**THIS IS ONLY A PLAN APPROVAL – NOT A PERMIT TO CONSTRUCT  
INSTALLER MUST OBTAIN A SEPARATE PERMIT PRIOR TO ANY WORK**

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

**TO BE COMPLETED IF REPAIR IS DESIGNED BY AN ENGINEER**

Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_

Engineer Address: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

**HOW CLOSE WILL SEPTIC SYSTEM BE TO THE NEAREST WELL?** \_\_\_\_\_

**RESIDENTIAL:**

Number of Bedrooms: \_\_\_\_\_ Toilets/Sinks in Basement? YES ( ) NO ( )

Whirlpool Tub? \_\_\_\_\_ If Yes, Capacity in Gallons: \_\_\_\_\_

**COMMERCIAL/NON-RESIDENTIAL:**

Sq. Feet of Building: \_\_\_\_\_ # of Employees: \_\_\_\_\_ Intended Use: \_\_\_\_\_

Design Flow: \_\_\_\_\_ Toilet/Sinks in Basement? YES ( ) NO ( )

**A COPY OF ANY EASEMENTS OR DEED RESTRICTIONS MUST BE ATTACHED**

- If a survey or plot plan of the property is available, please include a copy with this application. In the absence of a survey map, the Naugatuck Valley Health District (NVHD) will use information on property lines, wells and structures on the subject property and adjacent properties provided by the applicant. The accuracy of this information is the responsibility of the applicant.
- The applicant agrees to hold the NVHD and its agents harmless in the event of future problems or difficulties associated with any work done in conjunction with this septic system repair.
- The applicant is responsible for securing any necessary approvals or permits from other town agencies including but not limited to Building, Zoning and Wetlands etc.
- NVHD will provide septic system design criteria based on soil testing and site evaluation as well as information provided by the applicant. A repair sketch from a Licensed Installer or Professional Engineer for the proposed repair must be included with this application. The repair must be made in accordance with the design submitted to and approved by NVHD. Any modifications to the proposal must be approved by NVHD in advance.
- The applicant understands that the results of any tests conducted by or on behalf of NVHD are public information. The responsibility for the proper maintenance and operation of this septic system is entirely the owner's.

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**FOR OFFICE USE ONLY**

RECEIPT#: \_\_\_\_\_ REVIEWED/APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_