



Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483
P: (203)881-3255 Fax: (203)881-3259
www.nvhd.org

FEE: \$
Non Transferable

Application for Review & Approval Water Treatment Wastewater (WTW) Disposal Systems

A diagram to scale of the property showing the existing buildings, septic system, water supply wells, property lines, open watercourses, and proposed WTW Disposal System *must be provided with this application.*

Location: _____
Lot #, Street Address Town

Property Owner Name: _____ Phone #: _____

Property Owner Address: _____

Applicant Name: _____ Applicant Phone #: _____

Applicant Address: _____ Applicant Email: _____

EXISTING SEPTIC SYSTEM INFORMATION

Year Installed: _____ Date of Last Pump- out: _____

Is soil data available for this property? YES, Date: _____ NO: (schedule soil testing)
(If no soil data available, one (1) test pit in system area will be required, NVHD representative must witness).

TYPE OF WATER TREATMENT DEVICE

Type: _____ Name: _____ Model: _____

Discharge Volume: _____ Discharge Frequency: _____

PROPOSED WTW DISPOSAL SYSTEM

Storage volume greater than or equal to 1.5 times the discharge cycle or daily average, whichever is greater.

Disposal System Description (type, dimensions etc.): _____

Depth to Ground Water: Depth to Ledge:

Installer Name: _____ Installer Phone #: _____

Signature of Applicant/Installer: _____ Date: _____

** Please see attached sheet for further information/requirements.*

Note: If warranted, the applicant shall demonstrate compliance with PHC Section 19-13-B100a (e).

FOR OFFICE USE ONLY Application #: _____ Fee Paid: Y / N Cash / Chk / CC

Application Status: Approved Denied

Comments: _____

Approval to Install Issued: _____ Date: _____
Authorized Agent Signature

Final Inspection Required: Yes No Final Inspection Date: _____