



Naugatuck Valley Health District

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

NEW- SEPTIC SYSTEM PLAN REVIEW & APPROVAL

This Approval Expires 12 Months from Date of Issuance
Residential \$250 1 Commercial 350
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: _____

Subdivision Name: _____ Lot#: _____

Owner: _____ Phone: _____

Mailing Address: _____ Town: _____ Zip: _____

Engineer: _____ Phone: _____

Mailing Address: _____ Town: _____ Zip: _____

Installer: _____ Phone: _____

Mailing Address: _____ Town: _____ Zip: _____

RESIDENTIAL:

of Bedrooms: _____ Finished basement w/ plumbing Y N Garbage Grinder Y N

Jacuzzi/Whirlpool/ Tub Y N If Yes, Capacity in Gallons: _____

COMMERCIAL/NON-RESIDENTIAL:

Square Feet of Building: _____ Intended Use: _____

No. of Employees: _____ Design Flow: _____

WATER SUPPLY: Public Private Well

**If private well, plan must designate an area of appropriate size for a water treatment wastewater disposal system.*

A COPY OF ANY EASEMENTS OR DEED RESTRICTIONS MUST BE ATTACHED

- This application must be accompanied by the appropriate fee, two (2) sets of engineered plans showing the map, block and lot numbers, and one (1) set of returnable building plans.
- 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.
- 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'S SIGNATURE

PRINT NAME

DATE

PHONE: _____

EMAIL: _____

FOR OFFICE USE ONLY

RECEIPT#: _____ REVIEWED/APPROVED BY: _____ DATE: _____