



Naugatuck Valley Health District

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

REPAIR SEPTIC SYSTEM PLAN REVIEW & APPROVAL

This Approval Expires 12 Months from Date of Issuance
Residential \$200 I Commercial \$300
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: _____

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 Distance to well: _____ Water Treatment Y N

**If applicable, 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

- 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.

APPLICANT'S SIGNATURE

PRINT NAME

DATE

PHONE: _____

EMAIL: _____

FOR OFFICE USE ONLY

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