



Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483

T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org

FEE: \$50
Non Transferable

Water Treatment Wastewater (WTW) Disposal System

Application for Approval

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's Name: _____ Phone #: _____

Property Owner's Address: _____

Applicant's Name: _____ Applicant Phone #: _____

Applicant Address: _____ Applicant Email Address: _____

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 #: _____

EXISTING SEPTIC SYSTEM INFORMATION

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

Is soil data available for this property? YES, Date: _____ NO: (schedule soil testing)

Signature of Applicant/Installer: _____ Date: _____

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

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: _____