Public Health
Prevent. Promote. Protect.

Naugatuck Valley Health District
98 Bank Street Seymour, CT 06483
T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org
Ansonia Beacon Falls Derby Naugatuck Seymour Shelton

APPLICATION & APPROVAL FOR A SEPTIC SYSTEM PLAN REVIEW

*This approval expires one year from date of issuance. This is a plan approval only.

Plan Type: **New:** Residential $250 / Comm $350 **Repair:** Residential $200 / Comm $300
Subdivision per lot (2 or more lots) $150 **Tank Only** $ no fee

Location: _____
Street Address *Town* *Map, Block, Lot #*

Subdivision Name: _____

Property Owner Name: _____ Phone: _____

Mailing Address: _____ Email: _____

Engineer Name: _____ Phone: _____

Mailing Address: _____ Email: _____

Installer Name: _____ License #: _____

Phone: _____ Email: _____

Mailing Address: _____

RESIDENTIAL STRUCTURE

No. of Bedrooms: _____ Plumbing in basement: **YES** / **NO** Garbage Disposal: **YES** / **NO**

Jacuzzi or whirlpool: **YES,** (*Capacity in gallons:* _____) / **NO** Tub over 100 gallons: **YES** / **NO**

*At the time of application, should a future pool location be known, please have show on the design plan.

Water Treatment Wastewater Disposal System: **YES / NO** *If yes, separate application/ requirements to be provided.*

COMMERCIAL OR NON-RESIDENTIAL

Square footage of building: _____ Intended Use: _____

Number of Employees: _____ Design Flow (gallons per day): _____

WATER SUPPLY: Public ☐ Private Well ☐

- 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.
- Allow 7-10 working days for plan review.
- Two (2) sets of the septic proposal plan must accompany this application and fee to process the application.
- A copy of any deed restrictions or easements must be attached.

This is NOT a Permit to Construct – Installer must obtain a separate approval prior to any work.

_____ _____ _____
Owner/ Applicant Signature Printed Name Date

Health District Use Only:

Fee Paid: ☐ Credit Card ☐ Cash ☐ Check #: _____ Receipt #: _____

DENIED: _____ APPROVED: _____ **See attached CONDITIONS OF APPROVAL page.**

Comments: _____

Application #: _____ Reviewed By: _____ Approval Date: _____

APPROVAL IS ISSUED FOR THE ABOVE OWNER/APPLICANT AND IS NOT TRANSFERABLE TO ANOTHER OWNER/APPLICANT.