



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

Public Health
Prevent. Promote. Protect.

FEE: \$50
Non-Transferable

Application for Water Treatment Wastewater (WTW) Disposal System

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: _____

Mailing 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)

Note: If warranted, the applicant shall demonstrate compliance with PHC Section 19-13-B100a (e). If no soil data is available on file, you must submit a Request for Soil Test Application.

TYPE OF WATER TREATMENT DEVICE

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 Groundwater: _____ Depth to Ledge: _____

Signature of Applicant/Installer: _____ Date: _____

Office Use Only:

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

B100a Required: Yes / No Soil Test Date: _____

Application Status: **Approved / Denied**

Comments: _____

Approval to Install Issued by: _____ Date: _____

DOH/Sanitarian

Final Inspection Date: _____ Inspected by: _____

As-Built Submitted: Yes / No Final Approval Date: _____