



Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483

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Ansonia Beacon Falls Derby Naugatuck Seymour Shelton

Public Health
Prevent. Promote. Protect.

APPLICATION FOR APPROVAL TO CONSTRUCT A SUBSURFACE SEWAGE DISPOSAL SYSTEM

New Res/Comm (\$250/\$300) Repair Res/Comm (\$200/\$250) Tank Only Res/Comm (\$125)

Date _____

Application is hereby made for an approval to construct a subsurface sewage disposal system for a:

(Single Family, Residential Building, Restaurant, Retail Building, etc.)

located at _____

Street Address

Town

Lot Number, Subdivision Name

New System Repair / Replacement Extension Other _____

Owner _____ Address _____ Phone _____

Licensed Installer name (print) _____ Phone _____

CONDITIONS OF APPROVAL SHEET RECEIVED: Yes _____ No _____

Installer Signature _____ License # _____ Exp. Date _____

Note: Valid photo ID and DPH license must be provided. A licensed subsurface sewage disposal system installer must be present during system installation. This approval is nontransferable.

Owner Signature (if applicable) _____
(or duly authorized representative)

GENERAL INFORMATION

Soil Tests Conducted (Date) _____ Lot size _____

Area of Special Concern (Y/N) _____ If yes, Reason(s) _____

Basis of Design (# of Bedrooms, Restaurant Seats, Building Size, gallons per day etc.) _____

Professional Engineer (P.E.) Plan Required (Y/N) _____ If yes, name of P.E. _____

Design Plan Approved (Y/N) _____ Date of Approved Plan _____ Revision Date _____

Type of Water Supply On-Site Well Public If well, has location been approved (Y/N) _____

Well Driller's Name _____ Address _____

Office Use Only:

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

Approval to Construct is hereby issued by _____ Date _____

Signature _____ Title _____

*** Approvals to Construct shall be issued by the DOH or Registered Sanitarian**

