



# TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790  
Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail [info@tahd.org](mailto:info@tahd.org) ♦ Web Address [www.tahd.org](http://www.tahd.org)

NEW	\$250.00	<input type="checkbox"/>
REPAIR	\$250.00	<input type="checkbox"/>

"Promoting Health & Preventing Disease Since 1967"

## SEPTIC SYSTEM APPLICATION & APPROVAL FORM

STREET ADDRESS OF PLAN \_\_\_\_\_ TOWN \_\_\_\_\_

SUBDIVISION NAME \_\_\_\_\_ LOT # \_\_\_\_\_

ENGINEER NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ENGINEER STREET ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

### RESIDENTIAL STRUCTURE

NUMBER of BEDROOMS \_\_\_\_\_ TOILETS / SINKS in BASEMENT YES ( ) NO ( ) GARBAGE GRINDER YES ( ) NO ( )

JACUZZI or WHIRLPOOL YES ( ) NO ( ) CAPACITY in GALLONS \_\_\_\_\_

\* If a future outdoor pool location is known at the time of the application it should be shown on design plan.

### COMMERCIAL OR NON-RESIDENTIAL

SQUARE FOOTAGE of BUILDING \_\_\_\_\_ NUMBER of EMPLOYEES \_\_\_\_\_ DESIGN FLOW \_\_\_\_\_

INTENDED USE \_\_\_\_\_

TOILETS / SINKS in BASEMENT YES ( ) NO ( )

CLOSEST PUBLIC WATER LINE \_\_\_\_\_ (feet) UNDERGROUND STORAGE TANKS? YES ( ) NO ( )

This application must be accompanied by:

- The fee of **\$250.00**, (Returned Check Fee \$25)
- Two (2) sets of engineered plans and one (1) set of returnable floor plans for the building served.
- A copy of any easements or deed restrictions

Notes: This Approval Expires 12 Months From Date Of Issuance.  
 This Is Only A Plan Approval -Not A Permit To Construct - Installer Must Obtain A Separate Permit Prior To Any Work.  
**The applicant understands that the results of any tests conducted by or on behalf of the Torrington Area Health District are public information. The responsibility for the proper maintenance and operation of this septic system is entirely the owner's.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

### FOR HEALTH DISTRICT USE ONLY

APPLICATION # \_\_\_\_\_ REVIEWED BY \_\_\_\_\_ APPROVAL DATE \_\_\_\_\_

The Torrington Area Health District is an equal opportunity provider and employer.