

# Torrington Area Health District

## Pre-Operational Guidelines & Application for Cosmetology/Personal Care Establishments



350 Main Street – Suite A  
Torrington, Connecticut 06790  
(860) 489-0436  
[www.tahd.org](http://www.tahd.org)



# 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 [www.tahd.org](http://www.tahd.org)  
*"Promoting Health & Preventing Disease Since 1967"*

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August 26, 2021

Cosmetologists and Salon Owners

Ladies and Gentlemen,

As most of you are aware, in 2019 the State of Connecticut expanded their licensing program to include not only hair, but now estheticians, nail and eyelash technicians. The Torrington Area Health District will now be licensing the retail establishments in which you work. Included with this letter is an application for licensure of your establishment. The fee schedule is as follows:

License per establishment including 1 station (chair): \$55.00

Additional type of operation: \$50.00

Each additional station for any operation: \$10.00

Examples:

Example 1

You have an existing hair salon with two hair stations plus one nail station

\$55.00 for the license plus the first station

\$10.00 for the second hair station

\$50.00 for the Nail operation and first station

Example 2

You have a nail salon with two pedicure and two manicure stations

\$100.00 for the license plus the first station

\$30.00 for the additional stations

Please return your application as soon as possible. Include in your application materials a floor plan of your establishment including the stations, sinks, work rooms, break/toilet rooms, reception area and the floor and wall treatments (tile/carpet/paint etc.) An example of a floor plan has been included for your reference. If your establishment utilizes well water, a copy of a current water test must also be included with your application materials.

Included as well is the inspection form as prescribed by the State of Connecticut that we will be using. You may use the form as a guide for how the inspection process will be done.

As a licensed professional you are also aware of the sanitary requirements of the areas in which you perform your various crafts. Hair technicians are familiar with our licensing program and the expectations of the establishments in which they operate. I urge each of you to become familiar with applicable statutes and regulations which govern your industries. If you are new to the licensure program, the TAHD will be working closely with you to bring your existing facilities into compliance with applicable codes. TAHD staff are prepared to answer your questions.

Thomas Stansfield MPH R.S.  
Deputy Director of Health  
Torrington Area Health District



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LICENSE FEE \_\_\_\_\_  
PAID  YES  NO

(Returned Check Fee \$25)

## APPLICATION FOR COSMETOLOGY ESTABLISHMENT LICENSE

License Renewal     Operational Change     Change of Ownership     New Business

**PLEASE PRINT:**

NAME OF BUSINESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ESTABLISHMENT PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**Please Indicate Business Mailing Address If Different From Above:**

MAIL TO \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

NAME OF MANAGER / OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**TYPE OF OPERATION**

(check all that apply)

**Number of Stations**

- HAIR SALON \$ 55 + \$10..... \_\_\_\_\_
- BARBER SHOP \$ 55 + \$10..... \_\_\_\_\_
- NAIL SALON \$ 100 + \$10 ..... \_\_\_\_\_
  - Nails ..... \_\_\_\_\_
  - Pedicure ..... \_\_\_\_\_
- ESTHETICIAN \$ 55 + \$10..... \_\_\_\_\_
- Eyelash \$55 + \$10..... \_\_\_\_\_

**WATER SUPPLY (check one)**

- PUBLIC WATER
- PRIVATE WELL

**SEWAGE DISPOSAL (check one)**

- PUBLIC SEWER
- PRIVATE SYSTEM

**HOURS OF OPERATION**

- MONDAY \_\_\_\_\_
- TUESDAY \_\_\_\_\_
- WEDNESDAY \_\_\_\_\_
- THURSDAY \_\_\_\_\_
- FRIDAY \_\_\_\_\_
- SATURDAY \_\_\_\_\_
- SUNDAY \_\_\_\_\_

Annual Licensure Fee of \$55 for Hair Salons, Barber Shops, and Esthetician, includes 1 station only, for every additional station \$10 must be added.

Annual Licensure Fee of \$100 for Nail Salon, includes 1 station only, plus \$ 10 for every additional station \$ 10 must be added.

**If on Private Well**

Date of last water sample \_\_\_\_\_

(Please include a current water test)

I have enclosed the appropriate licensing fee of \$ \_\_\_\_\_

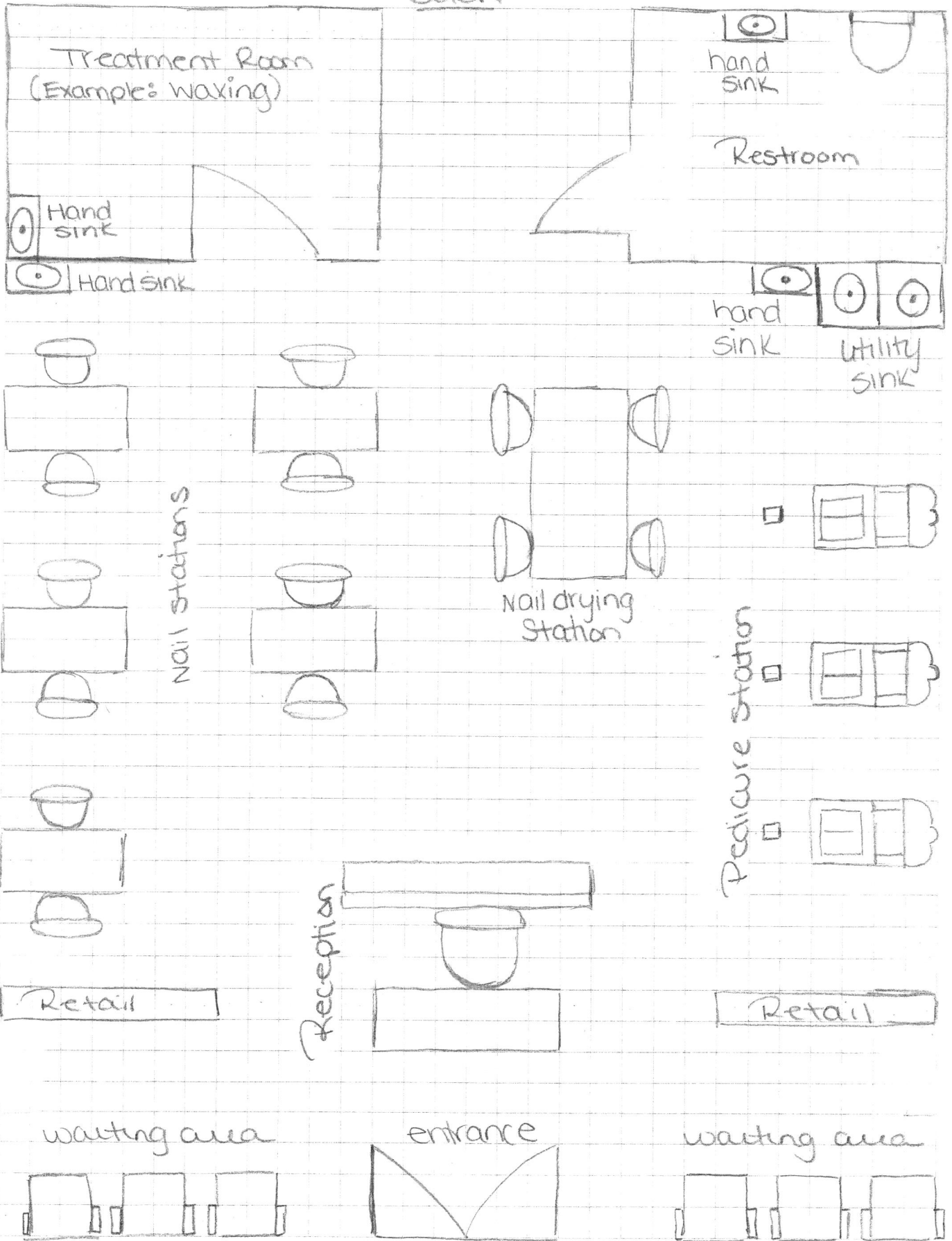
\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

Any incomplete information will delay the licensing procedure, and the owner will be subject to fines for operating without a valid license.

To scale 1/4" = 1ft

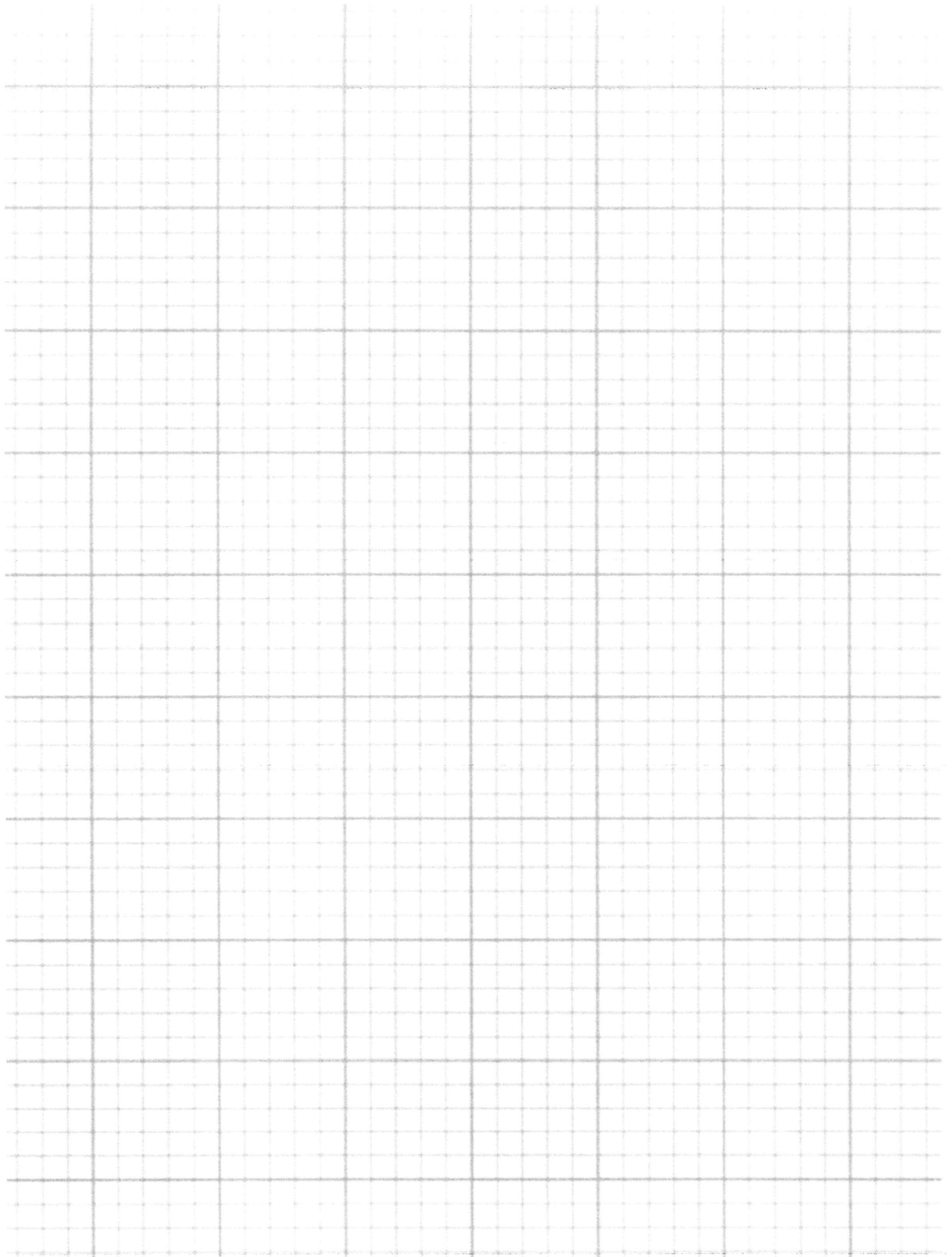
Back



Example of floor plan

Name of establishment  
 Address  
 telephone number  
 Date

Front





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## BARBER SHOP, HAIR / NAIL SALON INSPECTION REPORT

Establishment \_\_\_\_\_ Address \_\_\_\_\_ Town \_\_\_\_\_

Owner \_\_\_\_\_ Business Phone Number \_\_\_\_\_ Chairs \_\_\_\_\_ Inspection Date \_\_\_\_\_

Services:  Hair  Nails  Esthetics  Eyelash  Barber  Other

Inspection Type:  Annual  Reinspection  Complaint  Pre-Op  Other

Operator Name \_\_\_\_\_ License \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### A. Sanitary Condition/Infection Control

- 1. Proper PPE/Glove Use Observed  Yes  No  N/A
- 2. Covered receptacle for hair, skin, or nail debris/separate receptacle for towels/linens  Yes  No  N/A
- 3. Proper disinfection of re-usable equipment, implements, & fingerbowls after each client  Yes  No  N/A
- 4. Work areas/surfaces cleaned with hospital grade disinfectant after each client  Yes  No  N/A
- 5. Availability of hand sinks in all service areas  Yes  No  N/A
- 6. No re-use of single use implements (discarded after use)  Yes  No  N/A
- 7. Pedicure basins are cleaned and sanitized after each use  Yes  No  N/A
- 8. Technician/Customer with infection prohibited  Yes  No  N/A

### B. Customer Protection

- 1. Hands washed with soap & water between clients  Yes  No  N/A
- 2. Soap and towel provided  Yes  No  N/A
- 3. Products stored in labeled containers with directions for use  Yes  No  N/A
- 4. Prohibited items not in use  Yes  No  N/A
- 5. Clean outer garments, good hygienic practices, no smoking or eating  Yes  No  N/A
- 6. Separate sink provided for instrument cleaning  Yes  No  N/A
- 7. Disinfected utensils/tools stored in a sanitary covered containers  Yes  No  N/A
- 8. Sanitary paper strip or clean towel placed around neck before reusable cape  Yes  No  N/A

### C. Licensure

- 1. Establishment license displayed  Yes  No  N/A
- 2. Individual performing work licensed, license on site  Yes  No  N/A

### D. Facility

- 1. Hot/cold water available, adequate, and safe. No Cross Connections  Yes  No  N/A
- 2. Approved method of waste water and sewage disposal  Yes  No  N/A
- 3. Adequate ventilation  Yes  No  N/A
- 4. Floors/walls/ceiling are clean and in good repair and hair clippings removed  Yes  No  N/A
- 5. Laundry properly cleaned, sanitized and stored  Yes  No  N/A
- 6. Garbage Receptacles maintained inside and outside  Yes  No  N/A
- 7. Proper storage of supplies and chemicals  Yes  No  N/A
- 8. Adequate lighting provided as required  Yes  No  N/A
- 9. No animals or pets in establishment (service animals only)  Yes  No  N/A
- 10. Work area separate from private home  Yes  No  N/A

### E. Restrooms

- 1. Accessible, sanitary, clean & in good repair, separate hand sink available  Yes  No  N/A
- 2. Liquid soap dispenser & paper towels or air dryer and a clean covered waste container provided  Yes  No  N/A

### Comments and Deficiencies



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April 1st, 2022

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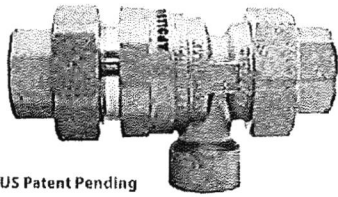


'Apollo' Valves

# SUBMITTAL SHEET

## — 4ALF-400 Series —

DCAPLF4A Dual Check with Atmospheric Port



US Patent Pending



### DESCRIPTION

The Apollo® Model DCAPLF4A Dual Check with Atmospheric Port is designed to protect residential and commercial water supply lines from back-siphonage or backpressure of non-potable/non-hazardous substances. An intermediate atmospheric vent provides protection from backflow conditions.

Job Name:	
Job Location:	
Engineer:	
Contractor:	
Tag:	
PD Number:	
Representative:	
Wholesale Distributor:	

### FEATURES

- Low pressure loss
- Corrosion resistant
- Independently acting check valves
- Easy to install and repair with built-in strainer
- Suitable for hot or cold water service

### PERFORMANCE RATING

- Maximum Operating Pressure = 175 psi
- Inlet Temperature Range = 33 °F – 210 °F
- Maximum Back-pressure Temp. = 250 °F

### APPROVALS

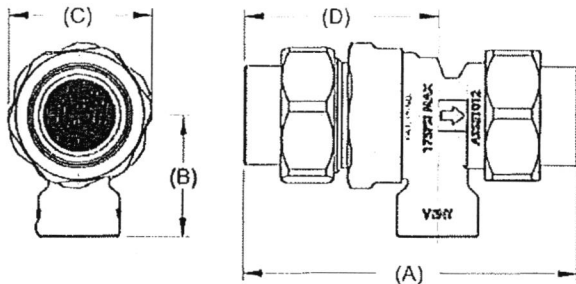
- ASSE® 1012 and CSA® B64.3
- NSF 372

### STANDARD MATERIALS LIST

Part Name	Material
Body	Forged Brass C87800
Union Nut & Tailpieces	Forged Brass C87800
Seat Discs	EPDM (FDA/NSF 61)
Seat Stem & Retainer	Forged Brass C46500
Springs	Stainless Steel

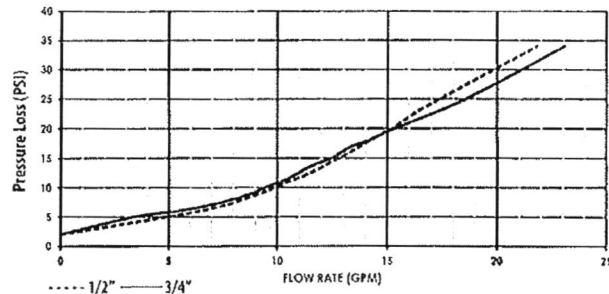
### DIMENSIONS

Part Number	Dimensions (in.)				Wt. (lbs.)
	A	B	C	D	
4ALF4A33AM, 4ALF4A33AMC	4.1	1.6	1.9	2.4	1.31
4ALF4H33HM, 4ALF4H33HMC	3.9	1.6	1.9	2.3	1.24
4ALF4A44AM, 4ALF4A44AMC	4.3	1.6	1.9	2.5	1.32
4ALF4H44HM, 4ALF4A44HMC	4.4	1.6	1.9	2.6	1.29



### ORDERING INFORMATION

Part Number	Model Number	End Connections		Vent
		Inlet	Outlet	
4ALF4A33AM	DCAPLF4AFF12	1/2" FPT	1/2" FPT	1/2" FPT
4ALF4A33AMC	DCAPLF4AFC12	1/2" FPT	1/2" FPT	NO THREAD
4ALF4H33HM	DCAPLF4ASS12	1/2" SLDR	1/2" SLDR	1/2" FPT
4ALF4H33HMC	DCAPLF4ASSC12	1/2" SLDR	1/2" SLDR	NO THREAD
4ALF4A44AM	DCAPLF4AFF34	3/4" FPT	3/4" FPT	1/2" FPT
4ALF4A44AMC	DCAPLF4AFC34	3/4" FPT	3/4" FPT	NO THREAD
4ALF4H44HM	DCAPLF4ASS34	3/4" SLDR	3/4" SLDR	1/2" FPT
4ALF4A44HMC	DCAPLF4ASSC34	3/4" SLDR	3/4" SLDR	NO THREAD



Apollo Valves, Manufactured by **Conbraco Industries, Inc.**  
701 Matthews Mint-Hill Road, Matthews, NC 28105 USA  
[www.apollovalves.com](http://www.apollovalves.com) | (704) 841-6000

This specification is provided for reference only. Conbraco Industries, Inc. reserves the right to change any portion of this specification without notice and without incurring obligation to make such changes to Conbraco products previously or subsequently sold. Please visit our website @ [www.apollovalves.com](http://www.apollovalves.com) for the most current information.





## For Non-Health Applications

Job Name \_\_\_\_\_  
 Job Location \_\_\_\_\_  
 Engineer \_\_\_\_\_  
 Approval \_\_\_\_\_

Contractor \_\_\_\_\_  
 Approval \_\_\_\_\_  
 Contractor's P.O. No. \_\_\_\_\_  
 Representative \_\_\_\_\_

## Series 9D Dual Check Valve with Intermediate Atmospheric Vent

Sizes: 1/2" M3, 3/4" M2

Series 9D is specially made for smaller supply lines and ideally suited for laboratory equipment, processing tanks, sterilizers, dairy equipment and similar applications. It is particularly recommended for boiler feed lines to prevent backflow when supply pressure falls below system pressure.

Series 9D is suitable for use on hot or cold water and can be used under continuous pressure. It features a primary check valve utilizing a rubber disc seating against a mating rubber part to ensure tight closing. A secondary check valve utilizes a rubber disc-to-metal seating. In the event of fouling of the downstream check valve, leakage would be vented to atmosphere through the vent port thereby safeguarding the potable water system. Construction is brass body with stainless steel working parts, integral strainer and durable rubber discs. Female union inlet and outlet connections. Sizes 1/2" and 3/4". Drain is 1/2" thread connection.

### Features

- True line-sized construction allows the check modules to open further allowing dirt and debris to pass more freely reducing check fouling
- Stainless steel internal parts
- Maximum flow at low pressure drop
- Furnished with union connections to facilitate removal and replacement for maintenance
- Compact for economy combined with performance
- Design simplicity for easy maintenance
- Can be installed vertically or horizontally

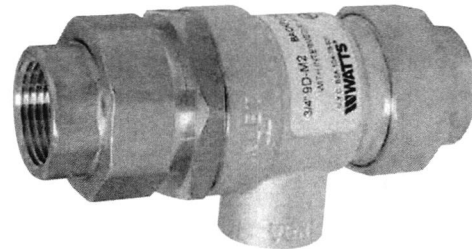
### Specifications

#### For Backflow Preventers with Atmospheric vents

A Dual Check Valve with Atmospheric Vent shall be installed at referenced cross-connections. Valve shall feature stainless steel and rubber internals protected by an integral strainer. Primary check shall be rubber to rubber seated, backed by the secondary check with rubber to metal seating. The device shall be ASSE approved under Std. 1012 and shall be a Watts Series 9D.

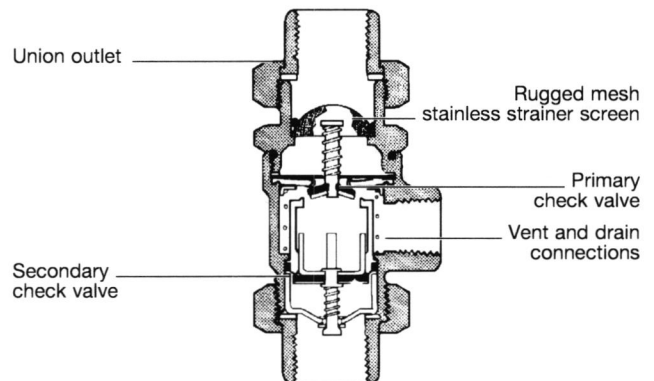
#### NOTICE

Inquire with governing authorities for local installation requirements



9D-M2

May also be installed vertically



Brass body construction and stainless working parts throughout

### Options

- S for 1/2" (15mm) union end solder connections.
- SC for satin chrome finish
- LU less union
- w/press\*\*\*\* Press inlet x x press outlet (non union)

#### NOTICE

The information contained herein is not intended to replace the full product installation and safety information available or the experience of a trained product installer. You are required to thoroughly read all installation instructions and product safety information before beginning the installation of this product.

Watts product specifications in U.S. customary units and metric are approximate and are provided for reference only. For precise measurements, please contact Watts Technical Service. Watts reserves the right to change or modify product design, construction, specifications, or materials without prior notice and without incurring any obligation to make such changes and modifications on Watts products previously or subsequently sold.

**WATTS®**

## Materials

Brass body construction  
 Stainless steel internal parts  
 Durable, tight seating rubber check valve assemblies

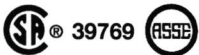
## Pressure – Temperature

Temperature Range 33°F – 250°F (0.5°C – 121°C)  
 Maximum Working Pressure: 175psi (12.1 bar)  
 Minimum Required Pressure: 25psi (1.7 bar)

## Standards

ASSE 1012  
 CSA B64

## Approvals



Certified by CSA  
 N.Y.C. BSA 104-75-SM

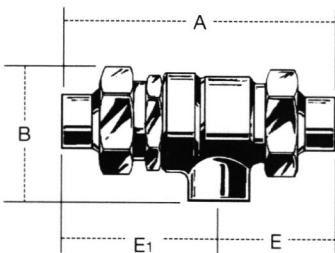
Viega ProPress® connections are optional factory installed fittings on each end of the approved/certified assembly.

Tested and approved Conformance with Standard 1012 of the American Society of Sanitary Engineers and by all principal cities, states and areas having these requirements.

### NOTICE

This valve should only be used and properly installed so that spillage of water could not cause damage. To avoid water damage due to valve operation, a drain pipe must be installed. It should terminate approximate 12" (305mm) above a floor drain or through an air gap piped to a floor drain, or other suitable place of disposal. Under no circumstances, should the vent opening or drain line be plugged.

## Dimensions – Weight

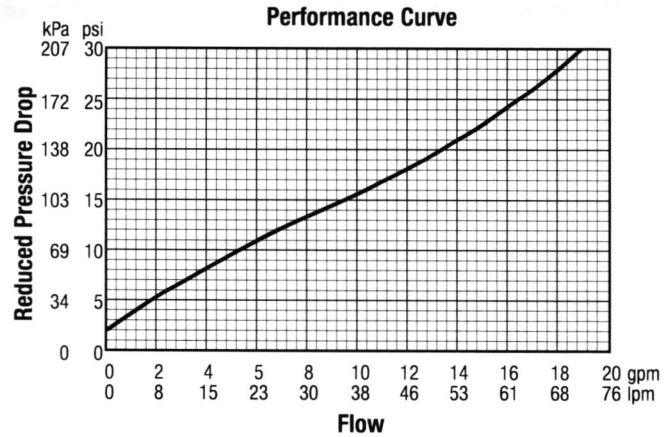


MODEL	SIZE	DIMENSIONS						WEIGHT			
		A			B		E		E1	lbs.	kg.
	in.	in.	mm	in.	mm	in.	mm	in.	mm		
9DM3	1/2	4 15/16	125	2 9/16	65	1 15/16	49	2 9/16	65	1 1/2	.68
9DM3-S	1/2	4 3/8	111	2 9/16	65	1 15/16	49	2 9/16	65	1 1/2	.68
9DM2	3/4	4 1/2	114	2 9/16	65	1 15/16	49	2 9/16	65	1 3/4	.79
9DM2-S	3/4	4 3/16	122	2 9/16	65	2 1/16	52	2 3/4	70	1 3/4	.79

Consult factory for dimensions with press fittings.

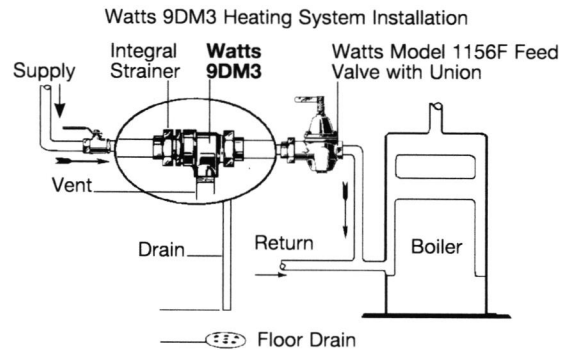


## Capacity

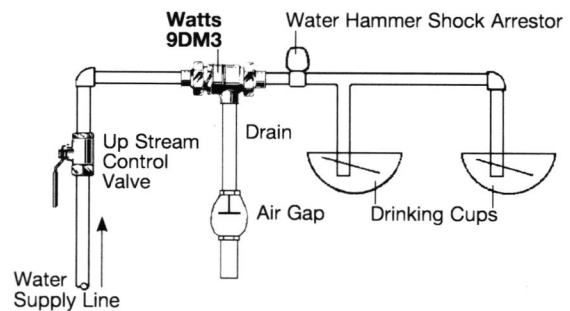


## Installations

### Boiler Installation



### Livestock Drinking Fountains



USA: T: (978) 689-6066 • F: (978) 975-8350 • Watts.com  
 Canada: T: (905) 332-4090 • F: (905) 332-7068 • Watts.ca  
 Latin America: T: (52) 81-1001-8600 • Watts.com

# Application for Departmental Approval for Cosmetology Establishment

This certificate hereby certifies that this food service establishment complies with section 19A-243 of the General Statutes of the State of Connecticut and all other departments/agencies listed below.

*Failure to obtain approval from all appropriate departments/agencies at the time of final inspection will result in delay or suspension of obtaining the license to operate from the Torrington Area Health District.*

Date : \_\_\_\_\_

Property Address : \_\_\_\_\_

Property Owner : \_\_\_\_\_

Operator : \_\_\_\_\_

Description of Establishment : \_\_\_\_\_

**\*\* After each Department/Agency has provided signature of compliance, please submit to the Torrington Area Health District \*\***

## **Zoning**

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

## **Building Inspector**

Date: \_\_\_\_\_

Permit # : \_\_\_\_\_

Approved by: \_\_\_\_\_

## **Fire Marshall**

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

## **Tax Collector**

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

**The above departmental approvals do not negate the establishment or its owner from a continuing obligation to comply with any additional or future code requirements as set forth by the individual agencies.**

## **Esthetician**

Most of the frequently asked for services are listed in the left margin of this page.

Please select the appropriate link below for specific licensing requirements.

### **No person may practice as an Esthetician in Connecticut after July 1, 2020, without holding a license issued by the Department of Public Health.**

[Licensing Requirements](#)

[License Based on an Out-of-State License](#)

[Reinstatement of a Lapsed License](#)

[Trade Shows](#)

[School Approval](#)

[Practice Act](#)

[Infection Prevention and Control Plan Guidelines for Practitioners](#)

[Combination License](#)

Fees for CTDPH:

Initial Application: \$100

Renewal Fee (Biennial): \$100

Reinstatement Fee: \$100

LINK: <https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/Esthetician/Estetician-Licensing>