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 ♦ Web www.tahd.org

"Promoting Health & Preventing Disease Since 1967"

NEW	$250	☐
REPAIR	$250	☐

SEPTIC SYSTEM APPLICATION & APPROVAL FORM

STREET ADDRESS OF PLAN _____ TOWN _____

SUBDIVISION NAME _____ LOT # _____

ENGINEER NAME _____ PHONE _____ EMail _____

ENGINEER STREET ADDRESS _____ TOWN _____ ZIP _____

OWNER _____ PHONE _____ EMail _____

MAILING ADDRESS _____ TOWN _____ ZIP _____

RESIDENTIAL STRUCTURE

# 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 the design plan.

COMMERCIAL OR NON-RESIDENTIAL

SQUARE FOOTAGE of BUILDING _____ # 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 $35)
- 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.