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"

Water Treatment Wastewater Application

Application Shall Be Accompanied By A $100 Fee

Lot # | Street # | Street Name | Town

Owner | Owner Address | Town | St

Owner Telephone | Owner EMail | Agent's Name | Agent's Phone

Water Treatment Information:

Water Treatment Make/Model | Type of Treatment System

WTW Discharge Volume | WTW Proposed Disposal Type

Depth to Ledge | Depth to Groundwater | WTW Installer

Existing Septic System Information If Available:

Plan Date | Approval Date | Ssds Plan Prepared By | Plan Reviewed By

Septic System Type | Tank Size | Sq. Ft. Septic System | Septic System Length | Permit #

Please provide a sketch of WTW disposal area on the back

Application Date | WTW Fee Paid | Signature

Approved By | WTW Approval Date

TAHD IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

REV. 2026-04-08