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

rev. 4/23

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"

April 29, 2026

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:

Hair, Cosmetology, Esthetician salon license
Facility license (unlimited stations) $125
Late Fee for Annual License $10/business days $125 Max
Plan Review for new personal service operations $150

Nail Salon License
Facility license (unlimited stations) $175
Late Fee for Annual License $10/business days $125 Max
Plan Review for new personal service operations $150

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.

Justin Rompre
Chief Sanitarian
Torrington Area Health District

LICENSE FEE _____
PAID ○YES ○NO
(Returned Check Fee **$25**)

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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)

☐ HAIR SALON	$ 125
☐ BARBER SHOP	$ 125
☐ NAIL SALON	$ 175
☐ Nails	
☐ Pedicure	
☐ ESTHETICIAN	$ 125
☐ Eyelash	$ 125

Total Number of Stations _____

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 _____

If on Private Well

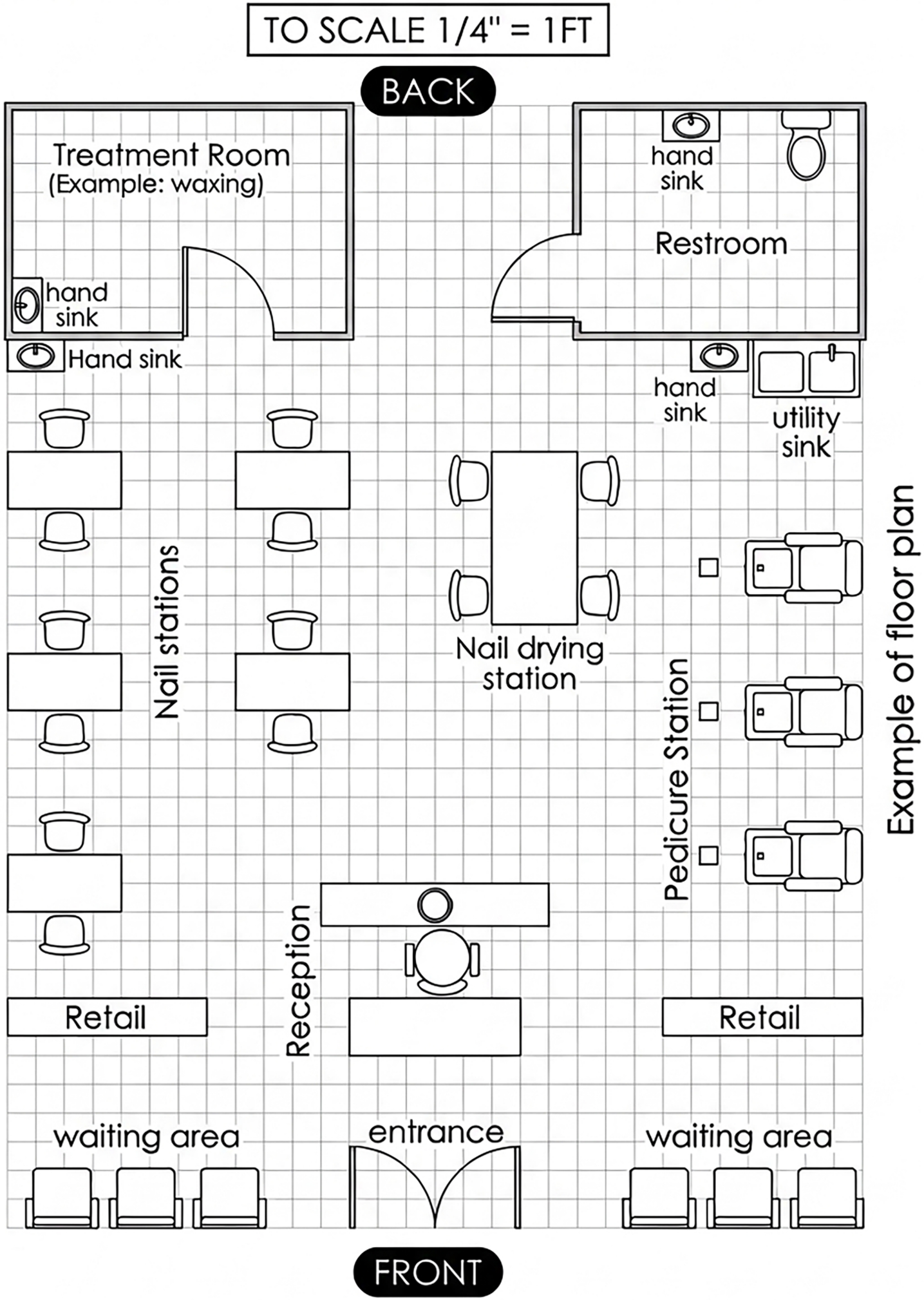
Date of last water sample _____

(Please include a current water test)

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

Borough of Bantam, Bethlehem, Canaan, Cornwall, Goshen, Harwinton, Kent, Borough of Litchfield, Litchfield, Middlebury, Morris, Norfolk, North Canaan, Plymouth, Salisbury, Thomaston, Torrington, Warren, Watertown, Winsted



NAME OF ESTABLISHMENT
ADDRESS
TELEPHONE NUMBER
DATE

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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 _____

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 wastewater 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

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April 1st, 2022

Personal Care Salon Owners,

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. As your local health department, we will be inspecting all nail salons within our jurisdiction annually for compliance with the State Code.

One aspect of an inspection will be ensuring that the plumbing fixtures are of a type that does not constitute a hazard to public water supply through back siphonage, or cross-connection. The term "Cross-Connection Control" refers to backflow prevention. Backflow occurs when there is any reversal in the flow of water from its intended direction by "back siphonage". Back siphonage is caused by reduced or negative pressure. When conditions are such that the water stops flowing towards the customers' various fixtures and outlets and begins to flow from the intended outlets toward the source of supply, the water supply can easily become contaminated through u n protected cross-connections.

Therefore, it is recommended that a backflow preventer is installed for water supply protection in your establishment. Please contact a licensed CT plumber to ensure you are properly protected. An example of a backflow preventer has been included for your reference.

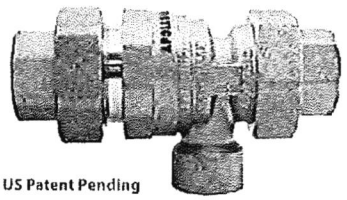
"Apollo" Valves

SUBMITTAL SHEET

4ALF-400 Series

DCAPLF4A Dual Check with Atmospheric Port

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



US Patent Pending

CERTIFIED LEADFREE

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.

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

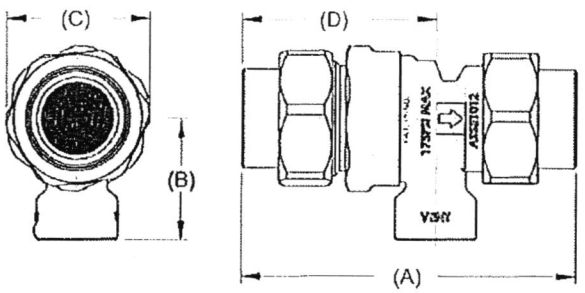
Part Name	Material
Body	Forged Brass C87800
Union Nut & Tailpieces	Forged Brass C87800
Seat Discs	EPDM (FDA/NSF 61)
Seat Stem & Retainer	Forged Brass C46500
Springs	Stainless Steel

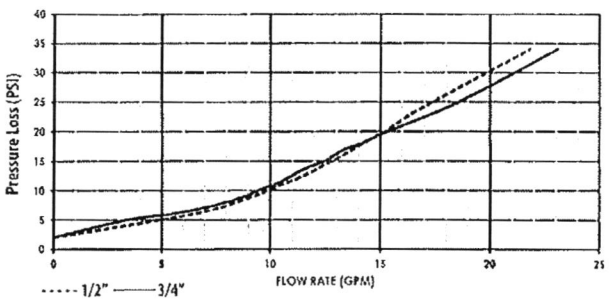
DIMENSIONS

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	
4ALF4A3AM	DCAPLF4AFF12	1/2" FPT	1/2" FPT	1/2" FPT
4ALF4A33AMC	DCAPLF4AFFC12	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	DCAPLF4AFFC34	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 | (704) 841-6000

For Non-Health Applications

Job Name _____ Contractor _____

Job Location _____ Approval _____

Engineer _____ Contractor's P.O. No. _____

Approval _____ Representative _____

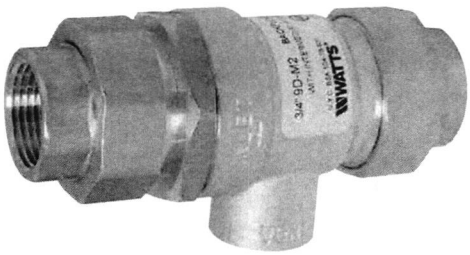
Series 9D

Dual Check Valve with Intermediate Atmospheric Vent

Sizes: ½" M3, ¾" M2

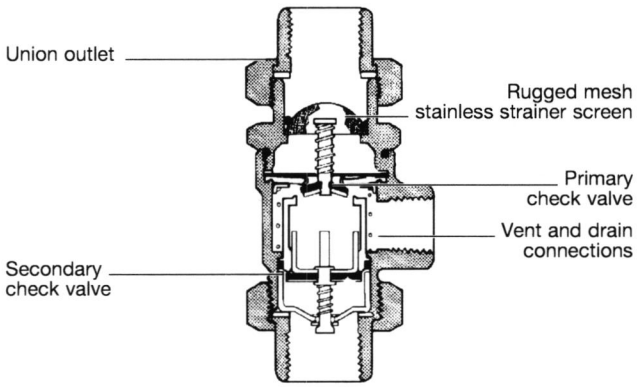
Series 9D is specially made for smaller supply lines and ideally suited for laboratory equipment, processing tanks, sterilizers, dairy equipment and similar applications. It is particularly recommended for boiler feed lines to prevent backflow when supply pressure falls below system pressure.

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 ½" and ¾". Drain is ½" thread connection.



9D-M2

May also be installed vertically



Brass body construction and stainless working parts throughout

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

Options

-S	for ½" (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®

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

® 39769

Certified by CSA

N.Y.C. BSA 104-75-SM

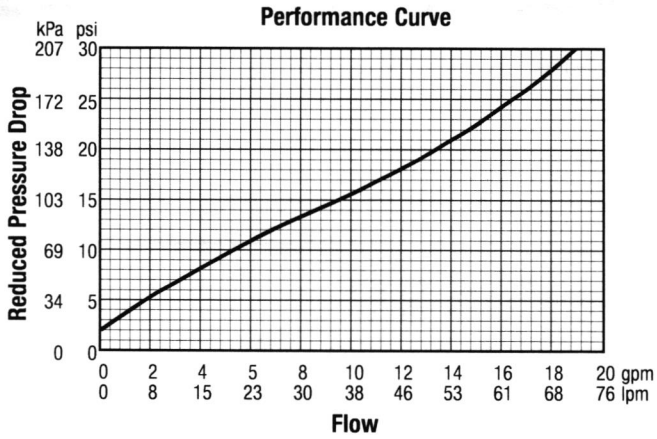
Viega ProPress® connections are optional factory installed fittings on each end of the approved/certified assembly.

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.

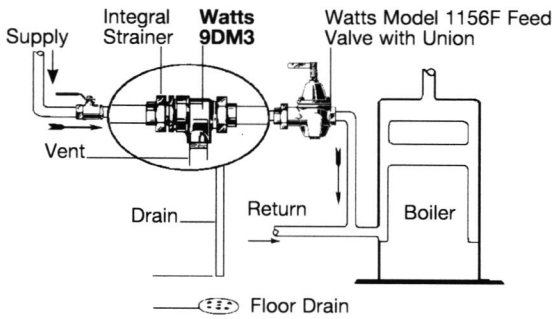
Capacity



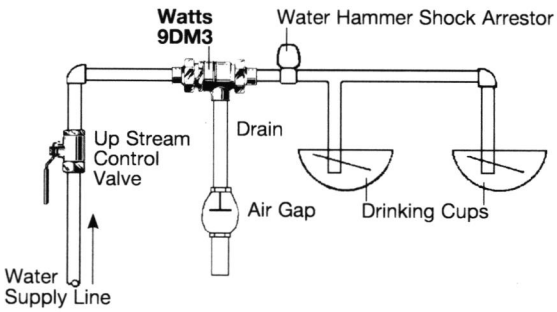
Installations

Boiler Installation

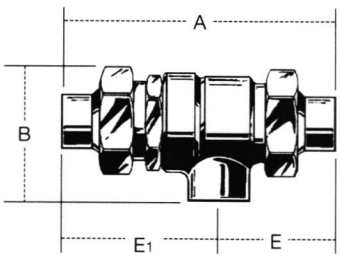
Watts 9DM3 Heating System Installation



Livestock Drinking Fountains



Dimensions — Weight



MODEL	SIZE	DIMENSIONS								WEIGHT	
		A		B		E		E1			
	in.	in.	mm	in.	mm	in.	mm	in.	mm	lbs.	kg.
9DM3	½	4 15/16	125	2 9/16	65	1 15/16	49	2 9/16	65	1½	.68
9DM3-S	½	4 3/8	111	2 9/16	65	1 15/16	49	2 9/16	65	1½	.68
9DM2	¾	4½	114	2 9/16	65	1 15/16	49	2 9/16	65	1¾	.79
9DM2-S	¾	4 13/16	122	2 9/16	65	2 1/16	52	2¾	70	1¾	.79

Consult factory for dimensions with press fittings.

WATTS®

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 Statues of the State of Connecticutand 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: _____

Fire Marshall

Date: _____

Approved by: _____

Building Inspector

Date: _____

Permit # : _____

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