

NAUGATUCK VALLEY HEALTH DISTRICT
98 Bank Street
Seymour, CT 06483
Phone (203) 881-3255 Fax (203) 881-3259

APPLICATION & APPROVAL FOR A NEW SEPTIC SYSTEM
This Approval Expires 12 Months From Date of Issuance

APPLICATION FEE: \$210
FEE IS NOT TRANSFERRABLE AND IS NOT REFUNDABLE

**THIS IS ONLY A PLAN APPROVAL – NOT A PERMIT TO CONSTRUCT
INSTALLER MUST OBTAIN A SEPARATE PERMIT PRIOR TO ANY WORK**

Street Address: _____ Town: _____

Subdivision Name: _____ Lot#: _____

Owner: _____ Phone: _____

Mailing Address: _____ Town: _____ Zip: _____

Engineer: _____ Phone: _____

Mailing Address: _____ Town: _____ Zip: _____

Installer: _____ Phone: _____

Mailing Address: _____ Town: _____ Zip: _____

RESIDENTIAL:

Number of Bedrooms: _____ Toilets/Sinks in Basement? YES () NO ()

Whirlpool Tub? _____ If Yes, Capacity in Gallons: _____

COMMERCIAL/NON-RESIDENTIAL:

Sq. Feet of Building: _____ # of Employees: _____ Intended Use: _____

Design Flow: _____ Toilet/Sinks in Basement? YES () NO ()

WATER SUPPLY: Public _____ Private Well _____ (Lot must include an area for water treatment system backwash disposal)

HOW CLOSE WILL SEPTIC SYSTEM BE TO THE NEAREST WELL? _____

A COPY OF ANY EASEMENTS OR DEED RESTRICTIONS MUST BE ATTACHED

- This application must be accompanied by the appropriate fee, two (2) sets of engineered plans showing the map, block and lot numbers, and one (1) set of returnable building plans.
- The applicant is responsible for securing any necessary approvals or permits from other town agencies including but not limited to Building, Zoning and Wetlands etc.
- The applicant understands that the results of any tests conducted by or on behalf of NVHD are public information. The responsibility for the proper maintenance and operation of this septic system is entirely the owner's.

Applicant Signature: _____ Printed Name: _____

Date: _____ Phone: _____ Fax: _____

FOR OFFICE USE ONLY

RECEIPT#: _____ REVIEWED/APPROVED BY: _____ DATE: _____