



1151 Hartford Turnpike, North Haven, CT 06473
(203) 248-4528 FAX: (203) 248-6671

APPLICATION FOR WATER TREATMENT WASTEWATER (WTW) DISPOSAL SYSTEM

Date: _____ Property Address: _____ Town: _____

Property Owner _____ Phone No. _____

WTW Disposal System Installer _____

Installer Address _____ Phone No. _____

Type of Water Treatment Device (type, name, model, discharge volume and frequency)

Description of proposed disposal system (type of leaching unit, total height and length, type of conveyance pipe, holding tank if applicable)

Site Conditions:
depth to ground water _____ depth to ledge _____ As determined by: _____ Date: _____

Applicant Signature _____

SUBMIT A SKETCH OF THE PROPOSED WTW DISPOSAL SYSTEM LOCATION. INCLUDE THE FOLLOWING WITH DISTANCES BETWEEN:

- ___ Property Lines
- ___ North arrow
- ___ House, driveway, accessory structures, detached garage, swimming pool, etc.
- ___ Storm drains, foundation drains
- ___ Septic System (tank and leaching fields)
- ___ Wells/Neighboring wells
- ___ Watercourses/wetlands (if they exist)
- ___ WTW disposal system (in plan-view and section view)

APPLICANT SHALL PROVIDE AN AS-BUILT DRAWING TO QVHD AFTER INSTALLATION. AS-BUILT TO INCLUDE DISTANCES FROM TWO OR MORE PERMANENT REFERENCE POINTS TO THE WTW DISPOSAL SYSTEM

QVHD OFFICE USE ONLY

Reviewed by: _____
[] Initial Plan Review Fee \$100.00 received Date: _____
[] Each Additional Review Fee \$25.00 received Date(s): _____
[] Proposal Approved Date: _____
[] As-Built Received date: _____