

CHESPROCOTT HEALTH DISTRICT

1220 WATERBURY ROAD • CHESHIRE, CONNECTICUT 06410

PHONE (203) 272-2761 • FAX (203) 250-9412 • www.chesprocott.org

**Form #1 1/1/2018 Technical
Standards for Subsurface Sewage
Disposal System**

APPLICATION FOR A WATER TREATMENT WASTEWATER (WTW)

To the Director of Health, Town of: _____ Date: _____

Application is hereby made for an approval to construct a water treatment wastewater system for a:

Located at: _____
(Street Address or Builders Lot Number, etc)

Owner: _____ Address: _____ Tel No. _____

Installer Name: _____ Address: _____ Tel No. _____

In accordance with detailed information stated below:

A detailed **As-Built** shall be submitted within 24 hours of completion. The As-Built shall have 2 or more permanent reference points.

Application fee paid _____ **Signed** _____
(Owner or duly authorized representative)

WATER SUPPLY INFORMATION

Type of Water Supply (Circle) Private Well or Public Water
if Private Well, has location been identified? (Y/N): _____

SOIL INFORMATION

Is there soil test data on file? (Y/N): _____
If no, Confirmatory Test Pit Required at time of install

WATER TREATMENT SPECIFICATIONS (INSIDE HOME)

Type of water treatment devise: _____ Name: _____ Model: _____

Daily Discharge Volume: _____ Frequency: _____

Chemicals Utilized: _____ Building Department Approval and Permit #: _____

WATER TREATMENT SPECIFICATIONS (OUTSIDE HOME)

Describe dispersal system:

Dimensions: _____

Storage volume: _____
(1.5 times discharge per cycle or daily average)

Type of WTW: _____ Dispersal System: _____ SSDSs: _____ Holding Tank: _____
(own new system) (to the existing)

APPLICATION FOR WATER TREATMENT WASTEWATER

Please provide a drawing of the proposed water treatment system that you are applying for.

This drawing shall include:

- ___ WTW System Locations
- ___ Building Location(s)
- ___ Existing Septic System Location
- ___ Existing Wells or Water line location
- ___ Reservoirs
- ___ Watercourses
- ___ Property Lines
- ___ All setback distances
- ___ Driveway location (H-20 loading needed)

Set Back Requirements

Public or Private wells (<10 GPM)___75Ft
Public or Private wells (10-50 GPM)___150Ft
Public or Private wells (>50 GPM)___200Ft
Watercourse___25Ft
Public Water Supply Reservoir___100Ft
Property Line___10Ft
Subsurface Sewage Disposal System___10Ft
Bedrock___24 inches
Groundwater___12 inches

Other Requirements

- Stone Aggregate shall be free of silt, dirt and debris and covered with filter fabric
- Holding tanks shall have cleanout to grade and high-level alarm
- Must provide 24 hours' notice to health district prior to commencement
- **As-Builts are required within 24 hours upon completion**

[Draw Proposal Here](#)

OFFICE USE ONLY

Approval to Construct is hereby issued by: _____ Date: _____
(Print Name)

Signature: _____ Title: _____

Note: Approvals to Construct shall be issued by the Local Director of Health or Registered Sanitarian