



Connecticut River Area Health District

Permit: _____

APPLICATION FOR APPROVAL TO CONSTRUCT A
WATER TREATMENT WASTEWATER (WTW) DISPOSAL SYSTEM

Fee: \$125.00

Payment Type: _____

Old Saybrook, Clinton, Deep River, Haddam, Chester, Killingworth, Durham

Date: _____

Application is hereby made for an approval to construct a water treatment wastewater (WTW) disposal system.

Located: _____ Town: _____

Property Owner Name: _____ Phone: _____

INSTALLER: _____ PHONE: _____ LICENSE #: _____

Proposed WTW Leaching System

Product _____ Linear Feet _____ Volume _____

Provide site sketch below showing the proposed system to include elevations, setbacks, etc.

Applicant Name (Print): _____ Sign: _____ Date: _____

Applicant certifies that the above information is correct and that construction will comply with CT Public Health Code

*Submit **an** as-built drawing to CRAHD after completion*

Office Use Below

WTW Design Approved ____ YES ____ NO

Approved By: _____

Date: _____