



**Connecticut River Area Health District**

Permit: \_\_\_\_\_

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

Fee: \$150.00

Payment Type: \_\_\_\_\_

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

Date: \_\_\_\_\_

SCAN TO PAY



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: \_\_\_\_\_