

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

For specific detail, refer to: CONNECTICUT PUBLIC HEALTH CODE On-site Sewage Disposal Regulations and Technical Standards for Subsurface Sewage Disposal Systems: X. Water Treatment Wastewater Appendix E: Water Treatment Wastewater Discharges to SSDs

Please make check payable to: CRAHD

CRAHD Date Stamp

Date: _____ Application is hereby made for an approval to construct a [] Residential Building [] Restaurant water treatment wastewater (WTW) disposal system for a: [] Retail Building Other: _____

Located at: _____ Town: _____

Owner: _____ Address: _____ Phone: _____

INSTALLER: _____ PHONE: _____ LIC #: _____

Installer Address _____ Installer Email _____

Engineered Plan (YES/NO): _____ If YES, Name of Engineer: _____

Table with 3 columns: WTW System Information, Site Conditions, Proposed WTW Leaching System. Includes fields for Type of System, Substance(s) to be Removed, Model, Discharge Volume, Discharge Frequency, Well Yield, Current Soils Data, Mottles, Ledge, Groundwater, Restrictive Layer, Product, Linear Feet, Volume, Holding Tank, Exception(s) Required, List Exceptions.

Before starting a Water Treatment Wastewater (WTW) Disposal System within a Wastewater Management District, installer is to notify the proper Authority. Activity in or near wetlands must be reported to the appropriate Wetlands Officer. Engineered systems are required to have the Engineer verify that the elevations are correct prior to covering the system. Installer is required to follow and have on-site the most current design and installation guidelines for proprietary leaching products.

CRAHD requires 1) Provide site sketch showing the proposed system to include elevations 2) Provide 24 hour notice prior to final inspection Applicant/Installer to: 3) Provide an asbuilt drawing to CRAHD

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

Applicant Name (Print) _____ Signature _____ Date _____

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WTW Design Approved [] YES [] NO Comments _____

APPROVED Plan Date _____ REVISED Plan Date _____

Approval To Construct Issued by: _____ Date _____

INSTALLATION PROPOSAL
WATER TREATMENT WASTEWATER (WTW) DISPOSAL SYSTEM

Date: _____

Address: _____

Town: _____

Each installation proposal shall include, at minimum:	Building Driveway Well(s)	House Sewer Line Septic Tank Leaching System	Property Lines Watercourse(s) Drainage	Accessory Structures Water Service Lines Buried Utilities/Propane	Restrictive Layer(s) Fixed Reference Pts
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CRAHD Date Stamp

Benchmark: _____

Location: _____

INSTALLATION SKETCH

ELEVATIONS REQUIRED

INSTALLER:

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Grade at Test Pit _____

Print Name _____

Bottom of WTW Structure _____

GW/Mottles _____

Signature _____

Ledge _____

Bottom of Test Pit(s) _____

Installer certifies that there are NO DESIGN CONFLICTS with regards to separation distances to wells on this property or neighboring properties and all Code required separation distances will be maintained unless an exception is approved.