



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

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

Date: _____

Located at: _____

Town: _____

Owner: _____

Address: _____

Phone: _____

INSTALLER: _____

PHONE: _____

LIC #: _____

Proposed WTW Leaching System

Product _____ Linear Feet _____ Volume _____ (Gallons)

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

For Office Use Only

WTW Design Approved YES NO

Approved: _____ Date _____