



TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790
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"Promoting Health & Preventing Disease Since 1967"

APPLICATION & APPROVAL FOR A SEPTIC SYSTEM REPAIR

Notes: This Approval Expires 12 Months From Date Of Issuance.
This Is Only A Plan Approval – Not A Permit To Construct - Installer Must Obtain A Separate Permit Prior To Work.

STREET ADDRESS _____ TOWN _____

OWNER'S NAME _____ LOT # _____

OWNER MAILING ADDRESS (If different from above) _____ PHONE _____

TO BE COMPLETED IF REPAIR IS DESIGNED BY AN ENGINEER

ENGINEER _____ PHONE _____

ENGINEER ADDRESS _____

MAILING ADDRESS _____ TOWN _____ ZIP _____

RESIDENTIAL STRUCTURE

NUMBER of BEDROOMS _____ TOILETS / SINKS in BASEMENT YES () NO ()

JACUZZI or WHIRLPOOL _____ CAPACITY in GALLONS _____ GARBAGE GRINDER YES () NO ()

COMMERCIAL OR NON-RESIDENTIAL

SQUARE FOOTAGE of BUILDING _____ NUMBER OF EMPLOYEES _____

INTENDED USE _____

DESIGN FLOW _____

TOILETS / SINKS in BASEMENT YES () NO ()

A COPY OF ANY EASEMENTS OR DEED RESTRICTIONS MUST BE ATTACHED

This application must be accompanied by the fee of \$ _____. (Returned Check Fee \$25)

- If a survey or plot plan of the property is available, please include a copy with this application. In the absence of a survey map, Torrington Area Health District will use information on property lines provided by the applicant. The accuracy of this data is the responsibility of the applicant.
- Torrington Area Health District will provide septic system design parameters based on site testing and information provided by the applicant. A repair sketch and specifications may also be included for the convenience of the applicant. These specifications are non-binding and alternative design layouts prepared by a Licensed Septic Installer or Professional Engineer may be submitted to Torrington Area Health District for review and approval.
- The applicant understands that the results of any tests conducted by or on behalf of the Torrington Area Health District are public information. The responsibility for the proper maintenance and operation of this septic system is entirely the owner's.

APPLICANT SIGNATURE _____ DATE _____ PHONE _____

APPLICATION # _____ FOR HEALTH DISTRICT USE ONLY
REVIEWED BY _____ APPROVAL DATE _____