



www.newtown-ct.gov/health-district

**NEWTOWN DISTRICT DEPARTMENT OF HEALTH  
APPLICATION FOR WATER TREATMENT WASTEWATER DISPOSAL SYSTEMS  
FEE: \$50.00**

A diagram to scale of the property showing the existing buildings, septic system, and water supply wells, property lines, open watercourses, and proposed WTW Disposal System must be provided with this application.

STREET ADDRESS _____	TOWN _____	LOT SIZE _____
PROPERTY OWNER NAME _____	PHONE _____	
MAILING ADDRESS _____	EMAIL _____	
APPLICANT NAME _____	PHONE _____	
MAILING ADDRESS _____	EMAIL _____	

**EXISTING SEPTIC SYSTEM INFORMATION**

YEAR INSTALLED \_\_\_\_\_ DATE OF LAST PUMP OUT \_\_\_\_\_

IS SOIL DATA AVAILABLE FOR THIS PROPERTY? YES, DATE \_\_\_\_\_ NO (**schedule soil test**)

**Note:** *If warranted, the applicant shall demonstrate compliance with PHC Section 19-13-B100a (e). If no soil data is available on file you must submit a Request for Soil Test Application.*

**TYPE OF WATER TREATMENT DEVICE**

NAME \_\_\_\_\_ MODEL \_\_\_\_\_

DISCHARGE VOLUME \_\_\_\_\_ DISCHARGE FREQUENCY \_\_\_\_\_

**PROPOSED WTW DISPOSAL SYSTEM**

*Storage volume greater than or equal to 1.5 times the discharge cycle or daily average, whichever is greater.*

DISPOSAL SYSTEM DESCRIPTION (type, dimensions etc.) \_\_\_\_\_

DEPTH TO GROUNDWATER \_\_\_\_\_ DEPTH TO LEDGE \_\_\_\_\_

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INSTALLER NAME \_\_\_\_\_ INSTALLER PHONE \_\_\_\_\_

APPLICANT / INSTALLER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>Health District Use Only:</b> Application#: _____ Fee Paid: _____ Check#: _____ Cash: _____			
B100a Required:	Yes / No	Soil Test Date:	_____
Application Status:	Approved _____ Denied _____		
Comments:	_____		
Approval to Install Issued by:	_____		Date: _____
	<i>DOH/Sanitarian</i>		
Final Inspection Date:	_____		
As-Built Submitted:	Yes / No	Final Approval Date:	_____