



www.newtown-ct.gov/health-district

**NEWTOWN DISTRICT DEPARTMENT OF HEALTH
APPLICATION & APPROVAL FOR PLAN REVIEW FOR A SEPTIC SYSTEM**

This approval expires 12 months from date of issuance. This is a plan approval only.

Plan Type: **NEW** (\$250) **REPAIR** (\$150) **TANK ONLY** (\$50) **REVISION** (\$50)

ADDRESS _____ TOWN _____ LOT SIZE _____

OWNER NAME _____ PHONE _____

MAILING ADDRESS _____ EMAIL _____

INSTALLER NAME _____ LICENSE # _____

INSTALLER PHONE _____ EMAIL _____

MAILING ADDRESS _____

ENGINEER NAME _____

ENGINEER PHONE _____ EMAIL _____

RESIDENTIAL STRUCTURE

No. of Bedrooms: _____ Plumbing in basement: **YES / NO** Garbage Disposal: **YES / NO**

Jacuzzi or whirlpool: **YES**, (Capacity in gallons _____) / **NO** Tub over 100 gallons: **YES / NO**

***At the time of application, should a future pool location be known, please show on the design plan**

Well Water Treatment Wastewater Disposal **YES / NO** *If yes, separate application/ requirements to be provided*

COMMERCIAL OR NON-RESIDENTIAL

Square footage of building: _____ Intended Use: _____

Number of Employees: _____ Design Flow (gallons per day): _____

- **If wetlands/watercourses exist, the Land Use Agency should be consulted.**
- Allow 7-10 working days for plan review.
- **Three (3) sets** of the septic proposal plan must accompany this application to process the application.

This is NOT a Permit to Construct – Installer must obtain a separate approval prior to any work.

OWNER / APPLICANT SIGNATURE

PHONE

DATE

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Health District Use Only: Fee Paid: _____ Check #: _____ Cash: _____

DENIED: _____ **APPROVED:** _____ **See attached CONDITIONS OF APPROVAL page**

Comments: _____

Application #: _____ Reviewed By: _____ Approval Date: _____

APPROVAL IS ISSUED FOR THE ABOVE OWNER/APPLICANT AND IS NOT TRANSFERABLE TO ANOTHER OWNER/APPLICANT.