



Housatonic Valley Health District Water Treatment Wastewater (WTW) Application

| | | | |
|-------------|----------------|--------------|-------------------|
| Lot # _____ | Street # _____ | Street _____ | Town _____ |
| Owner _____ | | | Owner Phone _____ |

| | | | |
|---------------------|------------|-------------|-----------|
| Owner Address _____ | Town _____ | State _____ | Zip _____ |
|---------------------|------------|-------------|-----------|

| | |
|----------------------|-----------------------|
| Applicant Name _____ | Applicant Phone _____ |
|----------------------|-----------------------|

Water Treatment Information:

| | |
|-------------------------------|--|
| Water Treatment Make & Model | Type of Treatment System |
| Proposed Type of WTW Disposal | Discharge per cycle or daily average (GPD) |
| WTW Installer Name | WTW Installer Phone |

Please attach a sketch of the WTW disposal area. The sketch must include the existing septic system location and the private well location.

Applicant Signature Date

FOR OFFICE USE ONLY:
Application Date: _____ Fee Paide: \$ _____

Approved: Yes No Approved by: _____

Date of Approval: _____ Signature: _____