Housatonic Valley Health District
Septic Application for Plan Approval

New Construction - Residential (Engineered):	*$275.00*	*Must be made payable to HVHD*
New Construction - Commercial (Engineered):	*$650.00*	
Septic Repair (Engineered):	*$250.00*	
Septic Repair (Non-Engineered):	*$150.00*	
B100A Plan Review:	*$150.00*	
Tank Only Replacement Plan Review:	*No Fee*	

The undersigned hereby applies for a plan approval to install or repair a sewage disposal system which will include a:

Septic Tank: ☐ Leaching System: ☐ Pump Chamber: ☐ Grease Trap: ☐ Curtain Drain: ☐

New: ☐   Repair: ☐

Address: _____
   Street   Town   State   Zip Code

   Owner(s) of Record: _____

   Mailing Address: _____

   Installer: _____   License Number: _____

   Mailing Address: _____   Phone Number: _____

   Email: _____

GENERAL INFORMATION

Check or answer all that apply

Residential: ☐   Number of Bedrooms: _____

Commercial: ☐   Design Criteria: _____

Water Supply: New: ☐ Existing: ☐   Type: Well: ☐ Public: ☐

Curtain Drain: ☐   Footing Drain: ☐

Property Distance to nearest public water supply connection (if less than 200 feet): _____

Easement/Deed Restrictions   Yes: ☐   No: ☐

*Please note that if the proposed septic system is within the regulated setback for a watercourse or inland wetlands, approval will be needed from the local Inland Wetlands authority prior to construction. **Approval from the Health district does not ensure approval from the local Inland Wetlands authority.***

NEW CONSTRUCTION ONLY

I propose to dispose of building debris and stumps, which result from development of this property in the follow manner: (burial in not a disposal option) _____

_____

The applicant understands that all records of the Housatonic Valley Health District are public and that the results of any tests conducted by the District may be viewed upon request. The applicant also must obtain a Connecticut licensed subsurface sewage disposal system installer before performing the work. It is also understood that a sewage disposal system permit is valid for a period of one year from the date of issuance and shall expire upon failure to start construction within that period.

APPLICANT OR AGENT SIGNATURE: _____ **DATE:** _____

INSTALLER'S SIGNATURE: _____ **DATE:** _____

DISTRICT USE ONLY

Check# _____	Date Paid _____	$ Amount _____	Rec'd by _____

Approved: ☐   Signed: _____   Date: _____

Plan Date: _____ *Revisions to the approved plan must be resubmitted for reapproval.*

Comments: _____

_____

_____

_____