



Housatonic Valley Health District Septic Application for Plan Approval

New Construction - Residential (Engineered):	\$275.00	<i>Must be made payable to HVHD</i>
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 is 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:** _____

FOR DISTRICT USE ONLY:

<input type="checkbox"/> Credit Card <input type="checkbox"/> Check# _____	Date Paid _____	\$ Amount _____	Rec'd by _____
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Approved: Signed: _____ Date: _____

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

Comments: _____

