



Housatonic Valley Health District Water Treatment Wastewater (WTW) Application

Fee: \$150.00

Must be made Payable to HVHD.

Lot # _____	Street # _____	Street _____	Town _____
Owner _____			Owner Phone _____

Owner Address _____	Town _____	State _____	Zip _____
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Applicant Name _____	Applicant Phone _____
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Email: _____

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 or Agent 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: _____

Comments: _____
