

Be Healthy ... Be Happy  
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### NEWTOWN HEALTH DISTRICT

#### APPLICATION & APPROVAL for PLAN REVIEW for a SEPTIC SYSTEM REPAIR

NOTE: This approval expires 12 months from date of issuance. This is only a plan approval – This is NOT a Permit-to-Construct – Installer must obtain a Separate Permit prior to any work.

STREET ADDRESS OF PLAN: \_\_\_\_\_

ASSESSOR'S MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

ENGINEER'S NAME: \_\_\_\_\_

ENGINEER'S TEL #: \_\_\_\_\_ FAX #: \_\_\_\_\_

ENGINEER'S ADDRESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S TEL #: \_\_\_\_\_ FAX#: \_\_\_\_\_

OWNER'S MAILING ADDRESS: \_\_\_\_\_

#### RESIDENTIAL STRUCTURE:

No. of Bedrooms \_\_\_\_\_ Plumbing in basement yes \_\_\_ no \_\_\_ Garbage grinder \_\_\_\_\_ yes \_\_\_ no

Jacuzzi or whirlpool \_\_\_ capacity in gallons \_\_\_\_\_ Any tubs over 100 gallons \_\_\_\_\_ yes \_\_\_ no

\*If future pool location is known at the time of application, it should be shown on the design plan.

#### COMMERCIAL OR NON-RESIDENTIAL:

Square footage of building: \_\_\_\_\_ Intended use: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Design Flow: \_\_\_\_\_

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A copy of an easements or deed restrictions must be attached.

If wetlands/watercourses exist, the Land Use Agency should be consulted to determine their requirements.

Allow 7-10 working days for plan review. Three sets of the septic proposal plan must accompany this application for the Health District to process application.

\_\_\_\_\_ Tel # \_\_\_\_\_ Date \_\_\_\_\_  
Applicant Signature

FOR HEALTH DISTRICT USE ONLY: Fee paid \_\_\_\_\_ \$50.00 check # \_\_\_\_\_ Date \_\_\_\_\_

DENIED \_\_\_\_\_ APPROVED \_\_\_\_\_ See attached CONDITIONS of APPROVAL page

Application # \_\_\_\_\_ Reviewed By \_\_\_\_\_ Approval Date \_\_\_\_\_

Approval is issued for the above Licensed Installer's plan & is NOT transferable to another installer.