

**NEWTOWN HEALTH DISTRICT**

DATE: \_\_\_\_\_

**PRELIMINARY PLAN REVIEW**

**NOTE: Allow 7-10 days for plan review. Two sets of septic proposal plans must accompany this application for the Health District to review.**

**Application is hereby made to review a plan to construct a sewage disposal system for a:**

Residence       Commercial       Restaurant       Other \_\_\_\_\_

Located at: \_\_\_\_\_

Assessor's Map: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

New System       Addition       Repair       Other \_\_\_\_\_

Lot Size: \_\_\_\_\_ Number of Lots: \_\_\_\_\_

RESIDENTIAL: Number of Bedrooms: \_\_\_\_\_ Existing Bedrooms: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

NON-RESIDENTIAL: Design Criteria:

\_\_\_\_\_  
(Circle Correct Item)

|                        |         |        |                      |     |    |
|------------------------|---------|--------|----------------------|-----|----|
| On Designated Wetlands | YES     | NO     | Basement Fixtures    | YES | NO |
| Foundation Drains      | YES     | NO     | Laundry Hook-ups     | YES | NO |
| Garbage Disposal       | YES     | NO     | Hot Tub              | YES | NO |
| Special Equipment      | YES     | NO     | Flood Zone           | YES | NO |
| Water Supply           | PRIVATE | PUBLIC | Bath tubs over 100 g | YES | NO |

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FEE PAID: \_\_\_\_\_ \$50.00 per lot

SIGNED: \_\_\_\_\_  
(Owner or Authorized Representative)