



Town of Glastonbury

Health Department

APPLICATION FOR APPROVAL TO CONSTRUCT A WATER TREATMENT WASTEWATER DISPOSAL SYSTEM

To the Director of Health, Town of Glastonbury

Date: _____

Application is hereby made for an approval to construct a water treatment wastewater system on a property governed by Connecticut's Public Health Code Sections 19-13-B103 a through f.

Located at: _____
(Street Address, Lot Number, Subdivision Name, Map, Block, Lot, etc.)

Owner: _____ Address: _____ Tel. No.: _____

Installer: _____ Address: _____ Tel. No.: _____

Type of water treatment device: _____

Device name and model number: _____

Anticipated WTW discharge volume per cycle and frequency: _____

Description of proposed system: _____

Storage volume of the proposed system: _____

Application Fee Paid: _____ Signed: _____
(Owner or duly authorized representative)

Permit fee: \$125

Attach a design/sketch of the proposed Water Treatment Wastewater System.

Approval to Construct is hereby issued by: _____ Date: _____
(Registered Sanitarian)

Permit expires one year from date of issuance if construction fails to start with the one year period. Fee is non-refundable. The installer shall provide 24 hour minimum notice to the Health Department prior to commencement of installation.

Revised 1/17/18