



# EAST SHORE DISTRICT HEALTH DEPARTMENT

688 East Main Street-Orchard Research Park, Branford, CT 06405 (203) 481-4233

### FOR OFFICE USE ONLY:

Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Paid by: \_\_\_\_\_

## Water Treatment Wastewater (WTW) Application

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Property Address: \_\_\_\_\_ Town: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Installer Name: \_\_\_\_\_

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

### System Information

Type of Water Treatment System generating wastewater: Name/Model:

\_\_\_\_\_

Daily Discharge Volume/Frequency: \_\_\_\_\_

Describe dispersal system: \_\_\_\_\_

Dimensions: \_\_\_\_\_

Storage volume: (1.5 times discharge per cycle or daily average): \_\_\_\_\_

Type of Pipe: \_\_\_\_\_

Separation Distances (See Table 9 for requirements):

⇒ Distance To Well: \_\_\_\_\_

⇒ Distance To Septic System: \_\_\_\_\_

⇒ Distance to Property lines: \_\_\_\_\_

Distance of Bottom of Proposed Trench to Groundwater/Ledge:

⇒ Separation to Ground water (min. 12"): \_\_\_\_\_

⇒ Separation to ledge (min. 24"): \_\_\_\_\_

Submitter's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Submitter's Signature: \_\_\_\_\_

**Required Separation Distances per CT Technical Standards:**

Table 9 (Technical Standards Separation Distances for WTW System)	
Item	Separation Distance (feet)
Public or private water supply well with required withdrawal rate of	
<10 GPM	75
10 to 50 GPM	150
>50 GPM	200
Open Watercourse	25
Public water supply reservoir	100
Property Line	10
Subsurface sewage disposal system	See Table 1 (Item Q) (Technical Standards)

Provide Sketch of Proposed System:

Final Inspection Date: \_\_\_\_\_ Inspected By: \_\_\_\_\_

Date Application Approved: \_\_\_\_\_ As-Built Received: Yes \_\_\_\_\_ No \_\_\_\_\_

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_