



Kevin A. Elak, MPH
Director of Health

City of Middletown
Department of Health
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FEE: \$50

APPLICATION FOR WATER TREATMENT WASTEWATER (WTW)

Attach a drawing showing house, existing septic system, well, property lines driveway, accessory structures watercourses, proposed WTW as well as distances to neighboring wells and septic system(if applicable). Drawing must indicate separating distances.

Property Owner: _____

Phone Number: _____ Email: _____

Property Address: _____, Middletown CT 06457
Lot # Street Name

Contractor/Installer: _____

Phone Number: _____ Email: _____

License Number: _____ Expiration Date: _____

Description of Water Treatment Device (Type, Name, Model Number)

Disposal System Proposed

Storage Volume of the Proposed System: _____ GPD # Discharges per day: _____

Distance to Subsurface Sewage Disposal System: _____ Depth of Proposed System: _____

Type of Leaching Unit: _____ Length: _____

Depth to Ledge: _____ Depth to Maximum Groundwater _____

Distances to: Private Well _____ Watercourse _____ Property Line _____

Soil Data on Record: Yes No NOTE: *If no soil data on file, soil testing will be required*

The information on this application is, to the best of my knowledge, true and correct.

Applicant: _____ Signature: _____ Date: _____

*****For Office Use Only*****

Date Received: _____ **District Assigned:** 1 2 3

Reviewed By: _____ **Date:** _____ **Approved** **Denied**

Fee Paid **Check #:** _____ **Cash**