



# Town of Somers Health Department

600 Main Street Somers, CT 06071 (860) 763-8216

FEE:

\$100.00

## Application for the Installation of a Water Treatment Wastewater System (WTW)

Property Location: \_\_\_\_\_

### Owner Information

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

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

Owner Phone Number: \_\_\_\_\_

Owners Email: \_\_\_\_\_

### Installer Information

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

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

Installer Phone Number/Email: \_\_\_\_\_

### Additional Design Criteria

Type of WTW System: \_\_\_\_\_

Name and Model Number: \_\_\_\_\_

Discharge Volume and Frequency of Discharge: \_\_\_\_\_

Type and Volume of WTW Storage System: \_\_\_\_\_

### Requirements

A scaled site plan of the property must be submitted with your application showing existing buildings, septic system, water wells within 75ft, and proposed location for WTW disposal system.

A test hole will be required if there is not any test hole data on file.

Signature of Owner/ Installer: \_\_\_\_\_ Date: \_\_\_\_\_