



# City of Middletown

JOSEPH A. HAVLICEK, M.D.  
Director of Health

DEPARTMENT OF HEALTH  
245 deKoven Drive  
Middletown, CT 06457  
TEL: (860) 638-4960 FAX: (860) 638-1960  
TDDL TEL: (860) 344-3521

## Onsite Waste Water Disposal System for Water Treatment System Application/Inspection/Approval

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

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

Phone: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

Contractor/Installer: \_\_\_\_\_

License ID # \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Well exception request: if proposed waste water system will be within 75' of any well.  
(no less than 25')

Description of Proposed System:

(Include Type of System, Storage Volume Capacity, Piping, Stone, Filter Fabric, Etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Volume per day discharge: \_\_\_\_\_ GPD # of Discharges per day: \_\_\_\_\_

Distance of bottom of proposed system to: \_\_\_\_\_ Ground Water: \_\_\_\_\_ Ledge: \_\_\_\_\_

Soil Testing Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Results of Soil Testing if needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(over)

Sketch:

(House, Existing Septic System, Well, Driveway, Accessory Structures, Proposed Waste Water Treatment System, Street, Distance to Well, Neighboring Wells and Septic System If Applicable)  
Show Separating Distances.

Inspection: Date: \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

Well Exception Granted: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Asbuilt Received: \_\_\_\_\_ Proper Building Permits Taken: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Director of Health or Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_