



Pomperaug District Department of Health

77 Main Street North • Playhouse Corner • Suite 205 • Southbury, CT 06488
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Fax (203)262-1960 • www.pddh.org

Rec # _____
Date _____
\$Amount _____
Rec'd By _____

Water Treatment Wastewater (WTW) Application

Application Review Fee: \$100.00

Soil test fee, if required: \$125.00

Lot #	Street #	Street	Town		
Owner			Owner Phone		
Owner Address		Town	State	Zip Code	
Applicant Name			Applicant Phone		

Water Treatment Information:

Water Treatment Make & Model	Type of Treatment System
Proposed Type of WTW Disposal	Discharge per cycle or daily average (gpd)
WTW Installer Name	WTW Installer Phone

Please attach a sketch of the WTW disposal area. The sketch must include the existing septic system location and the private well location.

Applicant Signature

Date

For PDDH Use

Application Date: _____	Fee Paid <input type="checkbox"/> \$100.00 WTW Review	<input type="checkbox"/> \$125.00 Soil Testing
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved By: _____	
Date of Approval: _____	Signature: _____	