



Fee Paid: _____
 Check # _____
 Cash: _____
 Date: _____

*** Tax Collector:**
 Taxes Due Taxes Paid

TOWN OF WESTBROOK
 HEALTH DEPARTMENT
 866 BOSTON POST RD.
 WESTBROOK, CT. 06498
 860-399-0339 FAX: 860-399-2084

Application Water Treatment Wastewater (WTW) Disposal
 APPLICATION # _____

Note: A scaled diagram of the property showing existing buildings, septic system, water supply wells, property lines, watercourses and proposed Water Treatment Wastewater Dispersal System must be attached.

Date: _____

Property Address: _____

Owner's Name: _____ **Owner's Phone #:** _____

Applicant's Name: _____ **Applicant's Phone #:** _____

Applicant's Address: _____ **Applicant's Fax #:** _____

Applicant's E-Mail Address: _____

TYPE OF WATER TREATMENT DEVICE

Type: _____ **Name:** _____

Model: _____ **Discharge Volume:** _____

Discharge Frequency: _____

WTW DISPERSAL SYSTEM PROPOSED

Storage Volume > or = to 1.5 X the discharge/cycle or daily average, whichever is greater

Type: _____ **Dimensions:** _____ Not Applicable

If not applicable describe method of approved disposal (refer to attached instructions): _____

EXISTING SEPTIC SYSTEM

Year Existing Septic Installed: _____ **Last Pump-out Date:** _____

Has soil testing been performed on this property Yes (Attach Results) No (Schedule Soil Testing)

Signature of Applicant: _____ **Date:** _____

For Office Use Only WTW Review Sheet Application # _____

Decision: Approved Denied

Signed: _____ **Date:** _____

PROPOSED SITE PLAN

Scaled diagram of the property showing existing buildings, septic system, water supply wells, property lines, watercourses and proposed water treatment wastewater dispersal system.