



BRISTOL-BURLINGTON HEALTH DISTRICT

240 Stafford Avenue, Bristol, Connecticut 06010-4617

Tel. (860) 584-7682 • Fax (860) 584-3814

APPLICATION FOR PLAN REVIEW AND PERMIT WATER TREATMENT WASTEWATER (WTW) DISPOSAL SYSTEM

****Attach design plan /sketch (see below for items needed on sketch)**

FEE \$ 50 _____ Date: _____

Property Address: _____ Town: _____

Owner: _____ Tel. No.: _____

WTW Installer: _____ Tel. No.: _____

WTW Installer Address: _____ Town _____

Type of water treatment device: _____
(Type, name, model #)

Anticipated WTW discharge volume per cycle and frequency: _____

Disposal System Proposed: _____
(type of leaching unit, total length ,holding tank is applicable)

Storage Volume of the Proposed System: _____

Distance to Subsurface Sewage Disposal System : _____

Depth to Ledge : _____ Depth to Maximum Groundwater _____

Actual Distance to Public or Private Water Supply Well(s): (not 75ft +) _____

Application Fee Paid: _____ Signed: _____
(Owner or duly authorized representative)

****Attach design plan /sketch of the proposed Water Treatment Wastewater System showing: Actual (not general area such as front or rear of house) , Property Lines, existing buildings, septic system, well(s) within 75ft, water courses, and the proposed location for WTW disposal system.**

Approval to Construct is hereby issued by: _____ Date: _____
(Registered Sanitarian)

Permit expires one year from date of issuance if construction fails to start with the one year period. Fee is non-refundable. The installer shall provide 24 hour minimum notice to the Health Department prior to commencement of installation.

See Reverse side for additional plan application requirements

APPLICATION FOR WATER TREATMENT WASTEWATER (WTW) DISPOSAL SYSTEM

A separate leaching system should be installed for the backwash of water treatment systems per Section X of the 2018 Technical Standards for Subsurface Sewage Disposal Systems.

Among the items required to dispose of backwash water are:

1. A completed and approved Application for [Approval to Construct a Water Treatment Wastewater Disposal System](#) along with a \$50 plan review application fee.
2. The type, name and model number of the water treatment device and its anticipated WTW discharge volume per cycle and frequency.
3. The system shall have a minimum storage volume of 1.5 times of either the anticipated discharge per cycle or daily average, whichever is greater.
4. Use acceptable pipes and materials for subsurface sewage disposal systems in accordance with the State of Connecticut Public Health Code Section 19-13-B103.
5. Bottom of system shall be a minimum of 24 inches above ledge and 12 inches above the seasonal high groundwater table at treatment system site. If source water requires treatment for pathogen removal then the separation distance shall be increased to 24 inches above seasonal high groundwater.
6. No portion of the system shall be located within 10 feet of septic system.
7. System shall be installed at least 75 feet from potable water supply well.
8. The installer shall provide 24 hour minimum notice to the Bristol Burlington Health District (BBHD) prior to commencement of installation.
9. An inspection of the system by our office is required.
- 10. An asbuilt drawing shall be submitted to the BBHD that includes distances from two or more permanent reference points to the WTW disposal system.**

See the requirements in Appendix E of the Technical Standards for the types of WTW that may be allowed to discharge to a septic system

Refer to Section X of the 2018 Technical Standards for more information and specific requirements.

www.ct.gov/dph/subsurfacesewage