

**TOWN OF GUILFORD HEALTH DEPARTMENT
APPLICATION FOR
WATER TREATMENT WASTEWATER DISPOSAL INSTALLATION**

Permit No. _____

Application No. _____

1. LOCATION: (Street) _____ **UID#** _____

Assessor's Map No.: _____ Lot No.: _____ Property ID#: _____

2. OWNER: _____

Mailing Address: _____

Email: _____

Phone: _____

3. SUBDIVISION:

Name: _____

Owner: _____

4. NATURE OF WORK: Water Treatment Wastewater Disposal Installation \$80.00

5. CONTRACTOR:

Name: _____ **CID#:** _____ **(OFFICE USE ONLY)**

Address: _____

Phone: _____ Cell: _____ Fax: _____

License No.: _____ Email: _____

Record Keeping and Reporting Requirements:
(You must complete all information)

1. Date of system installation: _____

2. Description of water treatment system generating the wastewater:

a. Type of system: _____

b. Maximum daily discharge volume: _____ (gallons per day)

Installer Certification: The installer must certify by his/her signature that the water treatment wastewater disposal system conforms to the conditions of Section 4(a) of this General Permit. See Section 4 (a) text on page 3 and full general permit at: <http://www.ct.gov/deep/lib/deep/Permits and Licenses/Water Discharge General Permits/lowflow gp.pdf>

As-Built must be submitted prior to final inspection. Use attached sheet.

Note: Written notification shall be made to the local health department if there are any changes to the treatment technology or treatment chemicals used for the treatment system.

NOTE: Any construction, filling or clear cutting in or within 100 feet of an inland or wetland course, intermittent stream or water body falls with the jurisdiction of the Inland Wetland Commission. Notification to the Inland Wetlands Commission is required prior to any construction, filling or clear cutting so that a jurisdictional determination can be made.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction. The proposed project described in this application _____ (is) (is not)

located within the coastal boundary as defined in Section 4 (b) of Public Act 79-535 (The Connecticut Coastal Management Act). It is understood that neither the Town of Guilford nor any authorized agent assumes any responsibility for construction or maintenance of any facility built under the Permit for which this application is made.

Signature: _____ Owner
 Agent *

* If agent, state title and submit letter permitting you to act as Owner's Agent.

Date signed: _____

Fee Paid: _____

(To be submitted at time of application. Make check payable to "Town of Guilford".)

ENGINEERING DEPARTMENT

Approved on: _____

By: _____
Engineering Department

HEALTH DEPARTMENT

Approved on: _____

By: _____
Director of Health/Registered Sanitarian

Required Septic Tank Size: _____

Required Leaching Area: _____ sq. ft.

INLAND WETLAND COMMISSIONS

Regulated Activity: _____

Permit Required: _____

Regulated Activity Approved by the Commission:

CAM approval required: Yes _____ No _____

Permit Approved: _____

By: _____

COMMENTS:

Install septic system in accordance with approved Engineered plan dated _____

by: _____

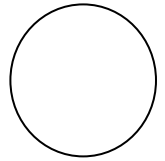
Proposed Water Treatment Wastewater Disposal Installation Sketch

Guilford Health Department

Owner _____

Address _____ No. of Bedrooms _____

Installer _____ Lic. No. _____



House and Street orientation _____ Property lines _____

Water Treatment Wastewater Disposal System set back distance to: Well _____ House _____

AUTHORIZATION TO ACT AS AGENT

(Date)

To Whom It May Concern:

I _____, authorize
(Property Owner – Print)

_____ to act as my agent to conduct and apply for all
(Name of Contractor/Installer)

necessary permits for soil tests or septic repairs/installations on my property.

(Property Owner Signature)

(Address)

Water Treatment Wastewater Disposal Installation Report Form

Wastewaters from most residential and small commercial water treatment systems cannot be discharged to a subsurface sewage disposal system. For guidance on the proper method of disposal for such wastewaters, please refer to the DEEP General Permit described below:

“Low Flow Water Treatment Wastewater (DEEP-WPED-GP-016): *This general permit applies to backwash discharges from residential or small commercial water treatment devices for well water located at the "point of entry" of the building and has a maximum daily discharge of 500 gallons per day.*

On-site Water Treatment Wastewater Disposal System Minimum Requirements:

- The dispersal system must have a storage volume of 1.5 times the water treatment system maximum daily discharge.
- Dispersal system structure must be installed 24" minimum above any underlying bedrock surface.
- Dispersal system structure must be installed 12" minimum above the seasonal high groundwater level (HGWL) on the site. If the source water requires treatment for pathogen removal, the dispersal system must be 24" minimum above the HGWL.
- The disposal and dispersal system cannot interfere with the operation of a subsurface sewage disposal system. Discuss location restrictions with your local health department.

Minimum Horizontal Separating Distances (see full General Permit for other requirements):

- Public or private wells: <10 gal. per minute withdrawal rate - 75 feet
- Public or private wells: 10 to 50 gal. per minute withdrawal rate - 150 feet
- Public or private wells: >50 gal. per minute withdrawal rate - 200 feet
- Watercourse - 50 feet
- Public Water Supply Reservoir - 100 feet
- Property Line - 15 feet
- Subsurface Sewage Disposal System - 10 feet

TOWN OF GUILFORD
WATER TREATMENT WASTEWATER DISPOSAL SYSTEM AS-BUILT

Location: _____ **Town:** GUILFORD

Owner: _____ **New:** _____ **Repair:** _____

Description and location of each water treatment wastewater disposal system.

- Provide a written description of the dispersal structure(s) installed - including dimensions and storage volume: _____
- Vertical distance from original grade to underlying ledge/bedrock surface? _____ inches
- Vertical distance from original grade to seasonal high groundwater level? _____ inches
- Vertical distance from original grade to bottom of water treatment wastewater dispersal system? _____ inches
- In the area below, draw a plan view sketch showing the proposed installed system and its location on the property. Show separating distances to water supply wells, water supply reservoirs, subsurface sewage disposal system(s), watercourses, property lines, and buildings on the sketch.
- Show horizontal distances from at least 2 fixed objects (survey monuments, building foundation, etc.) to each system component.



System Locations	1	2	3	4	5	6	7	8	9	10
House corner A										
House corner B										

Signed _____ Date _____

(Installer)

As-Built Reviewed and Approved By: _____ Date: _____

(Sanitarian)