

TOWN OF WINDSOR
APPLICATION FOR SEPTIC SYSTEM REVIEW OF PROPOSED BUILDING CONVERSION,
ADDITIONS, ACCESSORY STRUCTURES, POOLS, OR CHANGES OF USE

INSTRUCTIONS

PLEASE FILL IN THE REQUIRED INFORMATION AND SUPPLY A PLOT PLAN, SOIL TEST RESULTS AND A CHECK FOR \$65 PAYABLE TO "TOWN OF WINDSOR" AND RETURN IT TO THE WINDSOR HEALTH DEPARTMENT, 275 BROAD STREET, WINDSOR, CT 06095. THE PLOT PLAN MUST SHOW THE LOCATION OF EXISTING AND PROPOSED STRUCTURES, WATER SUPPLY WELLS OR WATER LINES, DRAIN LINES, THE SEPTIC SYSTEM LOCATION, AND THE "CODE COMPLYING AREA" DEFINED IN CT PUBLIC HEALTH CODE SECTION 19-13-B100a.

LOCATION OF PROPERTY: _____

OWNER: _____

OWNER'S HOME ADDRESS: _____

OWNER'S PHONE: _____ OWNER'S FAX: _____

OWNER'S E-MAIL: _____

PROPOSED PROJECT (CHECK ONE): BUILDING CONVERSION ADDITION POOL
ACCESSORY STRUCTURE CHANGE IN USE

TYPE OF STRUCTURE SERVED (CHECK ONE):
RESIDENTIAL COMMERCIAL INDUSTRIAL RESTAURANT
INSTITUTIONAL MIXED USE OTHER (DESCRIBE) _____

RECENTLY PERMITTED DISCHARGE (GALLONS PER DAY): _____

PROPOSED DISCHARGE (GALLONS PER DAY): _____

WATER SUPPLY: MDC WELL OTHER (DESCRIBE) _____

APPLICATION DATE: _____ OWNER'S SIGNATURE: _____

HEALTH DEPARTMENT USE ONLY		
PROJECT APPROVED Y/N: _____	DATE: _____	SIGNATURE: _____
COMMENTS/CONDITIONS:		