



KILLINGWORTH HEALTH DEPARTMENT

Paul Hutcheon, M.P.H., R.S., Director of Health

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APPROVAL TO CONSTRUCT OR REPAIR

APPROVAL DATE: _____

GENERAL INFORMATION

Location: _____ Owner: _____

New system _____ Addition _____ Repair _____ Other _____

Soil test conducted (date): _____ Lot size (Acres or Sq. Ft.): _____

Area of special concern? (Y/N): _____ If yes, reasons: _____

Basis of design (# of bedrooms, restaurant seats, building size, etc): _____

Engineered plan required (Y/N): _____ If yes, name of engineer: _____

Address of engineer: _____

Design plan approved (Y/N): _____ Date of approved plan: _____ Revision date: _____

Type of water supply: _____ Has well been located? _____ New or Existing (Circle one)

Well drillers name: _____ Address: _____

INSTALLER INFORMATION

(The license holder must appear in person so a copy of the Installer's License and Driver's License can be verified and copied)

Company: _____ Licensed Installer: _____

License #: _____ Address: _____ Phone: _____

Signature of Installer: _____ Date: _____

OFFICE USE ONLY

Approval to Construct is hereby issued by: _____ Date: _____

Paul Hutcheon, MPH, RS, Director of Health

Fees: \$100.00 for New System - \$75.00 for Repair Check # _____ Amount: _____ Date: _____