



# KILLINGWORTH HEALTH DEPARTMENT

Amy Scholz, 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 provide a copy of the installer license and driver's license)

Company: \_\_\_\_\_ Licensed Installer: \_\_\_\_\_

License #: \_\_\_\_\_ Expiration: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature of Installer: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Approval to Construct is hereby issued by: \_\_\_\_\_ Date: \_\_\_\_\_

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