

CHATHAM HEALTH DISTRICT

Sewing the Towns of East Haddam, East Hampton, Haddam, Hebron, Marlborough & Portland

BOARD MEMBERS

Bradley P. Parker *Chairman*
Susan Bransfield, *Vice Chairman*
Alan H. Bergren, *Treasurer*
Peter Hughes
Michael Hillsberg

DISTRICT HEALTH DIRECTOR

Thad D. King, MPH RS

To: Chatham Health District Staff, Local Building Officials, Septic System Installers, Water Treatment Professionals, Well Drillers

From: Thad D. King, Director of Health

Re: Other Wastewater Discharges

Date: 3/6/07

Properties under the jurisdiction of the Local Director of Health and served by an onsite subsurface sewage disposal system, that generate wastewater from a water treatment system, may discharge that wastewater into a separate/dedicated onsite system in accordance with the DEP guidance as outlined in their draft general permit dated 7/25/06, and as allowed under Sec. 19-13-B103 of the Public Health Code.

A treatment system will be allowed if it is done in conjunction with and under the approved plan and permit for the repair of an onsite system, or a new onsite system, or will be allowed through the issuance of a plumbing permit by the local Building Official.

Further Conditions:

1. The system shall be registered with district.
2. All plans shall be reviewed and approved by the district.
3. Installation requirements not specifically addressed by DEP guidance shall be consistent with existing PHC technical standards for leaching structures.
4. The district, prior to covering, may make an inspection of the system.
5. A record as-built diagram shall be submitted to the Chatham Health District or Building Official.

Approved 3/27/07 BoH

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Application No. _____

Fee ___\$20.00___

Other Wastewater Discharge Registration Form

Registration Date _____

Owner _____

Address _____

Town _____

Lot Number _____

Owner's Signature _____

I. Treatment System

Maximum Daily Discharge	_____
Treatment Chemical	_____

II. Soil Data and Separation Distances

Depth to ledge	_____
Depth to Groundwater	_____
Distance to Water Supply Well	_____
Distance to Onsite Septic System	_____

III. Site Plan – Attach (Use ties offs from the building to show distances)

IV. Plan Approval

Director of Health _____
(or Authorized Agent)

Date _____

Approved BoH 5/29/07