

# CHATHAM HEALTH DISTRICT

*Serving the Towns of East Haddam, East Hampton, Haddam, Hebron, Marlborough & Portland*

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Peter Hughes  
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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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DISTRICT HEALTH DIRECTOR

Thad D. King, MPH RS

Application No. \_\_\_\_\_

Fee \_\_\_ \$40.00 \_\_\_

## Other Wastewater Discharge Registration Form

Registration Date \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_

Lot Number \_\_\_\_\_

Owner's Signature \_\_\_\_\_

### I. Treatment System

<b>Maximum Daily Discharge</b>	_____
<b>Treatment Chemical</b>	_____

### II. Soil Data and Separation Distances

<b>Depth to ledge</b>	_____
<b>Depth to Groundwater</b>	_____
<b>Distance to Water Supply Well</b>	_____
<b>Distance to Onsite Septic System</b>	_____

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

### IV. Plan Approval

Director of Health \_\_\_\_\_  
(or Authorized Agent)

Date \_\_\_\_\_