State of Connecticut, Department of Public Health

Central Sewage System Exception Application

To: Environmental Engineering Program
Department of Public Health
410 Capitol Ave., MS# 51SEW
P.O. Box 340308
Hartford, CT 06134-0308

Date: _____

Local Health Department: _____

Mailing Address: _____

_____

Attn: _____

Phone Number: _____

Email Address: _____

Property Owner Name:_____

Property Address:_____ Town: _____

Building 1 Description: _____
(example: single-family residential building, office building, restaurant, etc.)

Building 2 Description: _____
(example: garage/workshop with 1/2 bath, 1-bedroom guest room, pool house cabana, office building, etc.)

Building floor plans reviewed to confirm the layout is consistent with basis of design? YES / NO

Water supply and sewer connections shown on plan for buildings served? YES / NO

Public Health Code Section 19-13-B100a (B100a) compliance demonstrated (if applicable)? YES / NO

Connection to New, Repair or Existing subsurface sewage disposal system (SSDS)?_____

If the connection is to an Existing SSDS, fill in the following:

Approximate age of SSDS:_____ As-built on file? YES / NO

Septic tank size (gallons):_____ Two compartment septic tank? YES / NO

Date of the most recent septic tank pump-out:_____ Septic tank material type:_____

Leaching system description:_____

Any problems or deficiencies noted with the septic tank or leaching system? YES / NO

Comments: _____

_____

_____

Documentation Submitted:

_____ Soil Test Data

_____ B100a compliance plan/sketch, if applicable

_____ Central system plan with design information showing buildings, wells, property lines, SSDS, etc.

Plan prepared by:

_____ Professional Engineer

_____ Licensed Installer

_____ Other:_____

Plan reviewed by:_____
(Print Name and Title)

Signature: _____