

State of Connecticut, Department of Public Health
Off-site 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: _____

Building Served Lot (Grantee)

Name(s) of Property Owner: _____

Property Address: _____ Town: _____

Easement Area Lot (Grantor)

Name(s) of Property Owner : _____

Property Address: _____ Town: _____

Please answer the following questions and provide a brief explanation in the comment section below anytime NO is circled.

Easement document (draft or final) has been submitted?	YES	NO
Subsurface sewage disposal system (SSDS) area has been identified on a plan that is referenced in the easement as an attachment, schedule, etc.?	YES	NO
Approval to cross street, road, highway, etc. has been granted?	YES	NO
Easement area boundaries provide adequate separation distance as if considered property lines?	YES	NO
Easement area includes only one SSDS?	YES	NO
Compliance with PHC Section 19-13-B100a has been demonstrated for each property?	YES	NO
Easement allows for SSDS installation and continued maintenance and repair?	YES	NO
Easement stipulates that it shall be revocable only by agreement of both parties and the Department of Public Health?	YES	NO

Comments: _____

Documentation submitted:

_____ Easement language
_____ SSDS easement plan
_____ Approved B100a compliance plan
_____ Other: _____

Plan reviewed by: _____
(Print Name and Title)

Signature: _____