Well Exception Application

To:	Environme	ental Engineering Program	n]	Date:			
		nt of Public Health	Local Health Departr	nent:			
	410 Capito	Mailing Add	lress:				
	P.O. Box 340308						
A 44	Hartford, (CT 06134-0308	70. 1 . 1	ı			
Attn:			Telephone:				
Subjec	ct Property:			of Desig			
			# of 1	Bedroom	s:		
(Addr	ess & Town)		or			
			Desig	gn Flow:			
Repair for: Exce			tion for: Wells affected:				
Tank		<u> -</u>	Tank		Owner's well		
Leaching System		rstem	Leaching System		Neighbor's well		
	Tank & Lead	ching System	Tank & Leaching System		Both		
Affected Properties				Well Type	Distance of Well To:		
		Lot No. or Address	Property Owner's Name		New Tank	New System	
Subjec	t Property						
	Adjacent						
	operty Adjacent						
	operty						
	Adjacent						
Pr	operty						
	Adjacent operty						
Is the r Potabil Does s	repair located lity testing of ubject proper ents:	d closer to well(s) than ex f affected wells? (Yes/N rty have any compliance	(Yes/No) If yes, show on plisting system? (Yes/No) To) If yes, are results sat issues concerning PHC Sect	isfactory?	(Yes/No) -B100a? (Y	es/No)	
Detailed plan prepared by: Professional Engineer Licensed Installer		Ingineer	Plan reviewed by:(Print Name)				
			Signature:				
		led: Plan? (Yes/No)					
Applic	ant's Signati	ıre:					
			(Subject Property Owner)		Date of Certified Mail Notification		

Note: In accordance with Public Act No. 08-184 Section 4, applicant is required to notify owners of properties with water supply wells affected by the exception request (See EHS Circular Letter #2008-67).