

State of Connecticut, Department of Public Health
Well Separation Distance 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: _____

Subject Property

Address: _____

Town: _____

Replacement of:

Exception for:

Wells affected:

Basis of Design:

_____ Septic Tank*

_____ Septic Tank

_____ Owner's well

of Bedrooms: _____

_____ Leaching System**

_____ Leaching System

_____ Neighbors' well(s)

or

_____ Both

_____ Both

_____ Both

Design Flow: _____

Affected Properties	Lot Number or Address	Property Owner's Name	Well Type	Distance from well to:	
				New Tank	New System
Subject Property					
Front Adjacent					
Rear Adjacent					
Left Adjacent					
Right Adjacent					

Shallow well pump(s) with suction pipe(s)? YES / NO If yes, show on plan & note distance if <75 feet.

Building sewer or distribution piping <25 feet to well? YES / NO If yes, show on plan & note distance.

Potability testing of affected wells? YES / NO If yes, are results satisfactory? YES / NO

Is the replacement tank or leaching system located closer to well(s) than the existing system? YES / NO

Does the subject property have any compliance issues concerning PHC Section 19-13-B100a? YES / NO If yes, explain.

*Leaching system has been evaluated to confirm it is functioning satisfactorily? YES / NO If no, explain.

**Septic tank has been evaluated to confirm it is in satisfactory condition and properly baffled? YES / NO If no, explain.

Comments: _____

Plan prepared by:

_____ Professional Engineer

_____ Licensed Installer

_____ Other: _____

Documentation Submitted:

_____ Soil Test Data

_____ Detailed Plan

Plan reviewed by: _____

(Print Name and Title)

Signature

Please note, in accordance with CT General Statutes Section 19a-209c, the applicant is required to notify owners of properties with water supply wells affected by this exception request. If applicable, property owner must sign below.

Applicant's Signature: _____

(Subject Property Owner)

Date of Certified Mail Notification