

Well 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: _____

Telephone: _____

Subject Property: _____

(Address & Town) _____

Basis of Design
of Bedrooms: _____
or
Design Flow: _____

Repair for:
 _____ Tank
 _____ Leaching System
 _____ Tank & Leaching System

Exception for:
 _____ Tank
 _____ Leaching System
 _____ Tank & Leaching System

Wells affected:
 _____ Owner's well
 _____ Neighbor's well
 _____ Both

Affected Properties	Lot No. or Address	Property Owner's Name	Well Type	Distance of Well To:	
				New Tank	New System
Subject Property					
Front Adjacent Property					
Rear Adjacent Property					
Right Adjacent Property					
Left Adjacent Property					

Shallow well pump(s) with suction pipe(s)? (Yes/No) If yes, show on plan & note distance if <75 feet
 Is the repair located closer to well(s) than existing system? (Yes/No)

Potability testing of affected wells? (Yes/No) If yes, are results satisfactory? (Yes/No)

Does subject property have any compliance issues concerning PHC Section 19-13-B100a? (Yes/No)

Comments: _____

Detailed plan prepared by:
 _____ Professional Engineer
 _____ Licensed Installer
 _____ Other: _____

Plan reviewed by: _____
 (Print Name)

Signature: _____

Attachments Included: Plan? (Yes/No) Soil Testing Data? (Yes/No) Other: _____

Applicant's Signature: _____
 (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).