

## State of Connecticut, Department of Public Health Central Sewage System Exception Application

| To:  | Environmental Engineering Program<br>Department of Public Health<br>410 Capitol Ave., MS# 51SEW |  | l                                     | Date:               |                      |                        |           |  |
|--|---|--|---------------------------------------|---------------------|----------------------|------------------------|-----------|--|
|  |   |  | Local Health Department:              |                     |                      |                        |           |  |
|  | P.O. Box 340308   |  | notal freaten bep                     |                     |                      |                        |           |  |
|  | Hartford, CT 06134-0308   |  | Mailing                               | Address:            |                      |                        |           |  |
| Attn:  |   |  | Phone                                 | Number:             |                      |                        |           |  |
| Attii.   |   |  | Email                                 | Number:<br>Address: |                      |                        |           |  |
|  |   |  |                                       |                     |                      |                        |           |  |
| Property Owner Name: Property Address:   |   | Town:  |                                       | own:                |                      |                        |           |  |
| Buildi   | ng #1 Description:  |  |                                       |                     |                      |                        |           |  |
|  |   | (Fyample: 3-Re   | droom Single-Fami                     | ly Residential R    | uilding Of           | fice                   | Ruilding  |  |
|  |   | •  | Restaurant Serving                    | •                   | _                    | TICC                   | Dunuing,  |  |
| Buildi   | ng #2 Description:  |  | 9                                     |                     |                      |                        |           |  |
|  |   | (Fyample: Cara   | ge /Workshop with                     | 16-Rath 1-Redr      | nom Cues             | t Ho                   | nuse Pool |  |
|  |   | (Example: Garage/Workshop with ½-Bath, 1-Bedroom Guest House, Pool<br>House Cabana, Office Building, etc.) |                                       |                     |                      |                        |           |  |
|  |   |  |                                       |                     |                      |                        |           |  |
|  | ng floor plans review   | ved to confirm the   | layout is consisten                   | t with basis of     | YES                  | 3                      | NO        |  |
| design? Water supply and sewer connections shown on plan for buildings served?   |   |  |                                       |                     |                      | S                      | NO        |  |
| Public Health Code Section 19-13-B100a (B100a) compliance demonstrated (if       |   |  |                                       |                     |                      | S                      | NO        |  |
|  | cable)?   | -  | -                                     | -                   |                      |                        |           |  |
| Connection to New, Repair, or Existing Subsurface Sewage Disposal System (SSDS)? |   |  |                                       |                     |                      | □ New                  |           |  |
|  |   |  |                                       |                     |                      | □ Repair<br>□ Existing |           |  |
|  |   |  |                                       |                     |                      | 22110                  | 8         |  |
|  | connection is to an e   | xisting SSDS, pleas  |                                       |                     |                      |                        |           |  |
|  | eximate age of SSDS:  |  | As-built on file?                     |                     |                      | S                      | NO        |  |
| Septic tank size (gallons):  Date of most recent pump-out:                       |   |  |                                       | mpartment tank      |                      | 3                      | NO        |  |
|  | ing system description  |  | Septic to                             | ank material typ    | e:                   |                        |           |  |
|  | roblems or deficienc  |  | septic tank or leach                  | hing system?        |                      | YES                    | □ NO      |  |
|  | nents:  |  |                                       |                     |                      |                        |           |  |
|  |   |  |                                       |                     |                      |                        |           |  |
| Dogur  | nentation Submitted   |  |                                       |                     |                      |                        |           |  |
| Docui  | Soil Test Data  | i <b>.</b>   |                                       |                     |                      |                        |           |  |
|  |   | nce plan/sketch, i   | f applicable                          |                     |                      |                        |           |  |
|  |   |  | information showi                     | ng buildings, we    | lls, prope           | rty                    |           |  |
|  | lines, SSDS, etc.   |  |                                       |                     |                      |                        |           |  |
|  | Permit to Disch   | narge (if connectio  | n is to an existing S                 | SDS)                |                      |                        |           |  |
| Plan r   | orepared by:  | j  | Plan reviewed by:                     |                     |                      |                        |           |  |
| Professional Er  |   |  | · · · · · · · · · · · · · · · · · · · | (Prin               | (Print Name & Title) |                        |           |  |
|  | Licensed Instal   |  | Signature:                            |                     |                      |                        |           |  |
|  | Other:  |  |                                       |                     |                      |                        |           |  |