



State of Connecticut, Department of Public Health
Well Separation Distance Exception Application

To: Environmental Engineering Program
 Department of Public Health
 410 Capitol Ave., MS#12SEW
 P.O. Box 340308
 Hartford, CT 06134-0308

Date: _____

Local Health Department: _____

Phone Number: _____

Attn: _____

Email Address: _____

Subject Property Address: _____

Town: _____

Replacement of:	Exception for:	Wells Affected:	Basis of Design:
<input type="checkbox"/> Septic Tank ⁽¹⁾	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Owner's well	# of Bedrooms: _____
<input type="checkbox"/> Leaching System ⁽²⁾	<input type="checkbox"/> Leaching System	<input type="checkbox"/> Neighbors' well(s)	or
<input type="checkbox"/> Both	<input type="checkbox"/> Both	<input type="checkbox"/> Both	Design Flow: _____

- [1] Has the leaching system been evaluated to confirm it is satisfactorily functioning? YES NO
If you selected NO, please explain: _____
- [2] Has the septic tank been evaluated to confirm it is in satisfactory condition and properly baffled? YES NO
If you selected NO, please explain: _____

Affected Properties	Lot Number/Address	Property Owner's Name	Well Type	Distance From Well (ft)	
				New Tank	New System
Subject Property					
Adj. Property					
Adj. Property					
Adj. Property					

- Have distances to all affected wells on adjacent properties been provided for on the plan? YES NO
If you selected NO, please explain: _____
- Shallow well pump(s) with suction pipe(s)? YES NO
If you selected YES, show on plan & note distance if < 75 ft.
- Building sewer or distribution piping <25 feet to well? YES NO
If you selected YES, show on plan & note distance.
- Does subject property have a well water treatment system with a backwash discharge? YES NO
If you selected YES, where does the backwash water discharge? _____
- Potability testing of affected wells? YES NO
If you selected YES, are the testing 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 you selected YES, please explain: _____

Reason for Exception Request: _____

Additional Comments: _____

Plan Prepared By: Design Engineer Licensed Installer Other: _____

Documentation Submitted: Detailed Plan Soil test data Septic System Evaluation

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