

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