

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:

Septic Tank\*  
 Leaching System\*\*  
 Both

Exception for:

Septic Tank  
 Leaching System  
 Both

Wells affected:

Owner's well  
 Neighbors' well(s)  
 Both

Basis of Design:

# of Bedrooms: \_\_\_\_\_  
 or  
 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