

# Well Exception Application

**To:** Environmental Engineering Program **Date:** \_\_\_\_\_  
 Department of Public Health **Local Health Department:** \_\_\_\_\_  
 410 Capitol Ave., MS# 51SEW **Mailing Address:** \_\_\_\_\_  
 P. O. Box 340308 \_\_\_\_\_  
 Hartford, CT 06134-0308 \_\_\_\_\_

**Attn:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Subject Property:** \_\_\_\_\_ **Basis of Design** \_\_\_\_\_  
 \_\_\_\_\_ **# of Bedrooms:** \_\_\_\_\_  
 \_\_\_\_\_ **or** \_\_\_\_\_  
**(Address & Town)** \_\_\_\_\_ **Design Flow:** \_\_\_\_\_

**Repair for:** Tank \_\_\_\_\_ **Exception for:** Tank \_\_\_\_\_ **Wells affected:** Owner's well \_\_\_\_\_  
 Leaching System \_\_\_\_\_ Leaching System \_\_\_\_\_ Neighbor's well \_\_\_\_\_  
 Tank & Leaching System \_\_\_\_\_ Tank & Leaching System \_\_\_\_\_ 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					

Water suction pipe(s)? (Yes/No) If yes, provide 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:** \_\_\_\_\_ **Plan reviewed by:** \_\_\_\_\_  
 Professional Engineer (Please print)  
 Licensed Installer \_\_\_\_\_ **Signature:** \_\_\_\_\_  
 Other: \_\_\_\_\_  
**Attachments Included:** Plan? (Yes/No) Soil Testing Data? (Yes/No) Other: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_  
 (Subject Property Owner)

Note: In accordance with Public Act No. 07-244 Section 7, applicant is required to notify abutting owners of exception request (See EHS Circular Letter #2007-28).