




# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

**EHS Circular Letter # 2005-22**

**DATE:** August 11, 2005

**TO:** Directors of Health  
Chief Sanitarians  
Professional Engineers  
Licensed Installers  
Code Advisory Committee

**FROM:**  Robert W. Scully  
Supervising Sanitary Engineer  
Environmental Engineering Program

**SUBJECT:** WELL EXCEPTION REQUESTS

Attached is a revised well exception request form that should be utilized by local health departments when making application to this program for exceptions to Technical Standard IIA (Distance between well & septic system). Exceptions are issued in accordance with Public Health Code Section 19-13-B103d (a)(3). The completed form must be submitted along with a detailed sewage disposal system repair plan and soil testing documentation. The detailed plan must include basic information such as basis of design, soil test locations, system layout/depth into grade, design calculations, location of structures/wells, property information, date, plan designer, direction of slope, and benchmark.

An exception to the well separating distance can only be granted if it is determined that the exception is unlikely to pollute the well in such a manner as to cause a health hazard. Complete well exception request submittals will facilitate timely reviews.

cc: Pamela Kilbey-Fox, Director, Office of Local Health Administration, DPH  
Suzanne Blancaflor, Section Chief, Environmental Health Section, DPH  
William Gerrish, Office of Planning and Communications, DPH

Enclosure

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Phone: (860) 509-7296  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # 51SEW  
P.O. Box 340308 Hartford, CT 06134

Affirmative Action / Equal Employment Opportunity Employer

# Well Exception Request Form

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

**Attn:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**From:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Subject Address:** \_\_\_\_\_

**Basis of Design**  
**# of Bedrooms:** \_\_\_\_\_

**Subject Town:** \_\_\_\_\_

**or**  
**Design Flow:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Repair for:**  
 Tank  
 Leaching System  
 Tank & Leaching System

**Exception for:**  
 Tank  
 Leaching System  
 Tank & Leaching System

**Wells affected:**  
 Owner's well  
 Neighbor's well  
 Both

Affected Properties	Lot No. or Address	Well Owner 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					

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-B100(a)? (Yes/No)

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Detailed plan prepared by:  
 Professional Engineer  
 Licensed Installer  
 Other: \_\_\_\_\_

Plan reviewed by: \_\_\_\_\_  
 (please print)

Signature: \_\_\_\_\_

Attachments Included:

Plan/Drawing  Soil Testing Data  Other: \_\_\_\_\_