## State of Connecticut, Department of Public Health Off-site Sewage System Exception Application

To:	Environmental Engineering Program	Date:		
	Department of Public Health			
	410 Capitol Ave., MS# 51SEW	Local Health Department:		
	P.O. Box 340308	-		
	Hartford, CT 06134-0308	Mailing Address:		
Attn:		Phone Number		
		Phone Number: Email Address:		
<u>Build</u> :	ing Served Lot (Grantee)			
Name	e(s) of Property Owner:			
Prope	erty Address:	Town:		
Easen	nent Area Lot (Grantor)			
	e(s) of Property Owner :			
Property Address: Town:				
Plea	se answer the following questions and provi	de a brief explanation in the comment section below	v anytime NO is	s circled.
Easen	nent document (draft or final) has been sub	mitted?	YES	NO
Subsurface sewage disposal system (SSDS) area has been identified on a plan that is referenced in the easement as an attachment, schedule, etc.?				NO
Approval to cross street, road, highway, etc. has been granted?				NO
Easement area boundaries provide adequate separation distance as if considered property lines?				NO
Easement area includes only one SSDS?				NO
Compliance with PHC Section 19-13-B100a has been demonstrated for each property?				NO
Easement allows for SSDS installation and continued maintenance and repair?				NO
Easement stipulates that it shall be revocable only by agreement of both parties and the Department of Public Health?			of YES	NO
Comn	nents:			
Docui	mentation submitted:			
	Easement language	Plan reviewed by:		
	SSDS easement plan (Print Name and T			
	Approved B100a compliance plan			
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