

State of Connecticut, Department of Public Health
Central Sewage System 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: _____

Property Owner Name: _____

Property Address: _____ Town: _____

Building 1 Description: _____
(example: single-family residential building, office building, restaurant, etc.)

Building 2 Description: _____
(example: garage/workshop with 1/2 bath, 1-bedroom guest room, pool house cabana, office building, etc.)

Building floor plans reviewed to confirm the layout is consistent with basis of design? YES NO

Water supply and sewer connections shown on plan for buildings served? YES NO

Public Health Code Section 19-13-B100a (B100a) compliance demonstrated (if applicable)? YES NO

Connection to New, Repair or Existing subsurface sewage disposal system (SSDS)? _____

If the connection is to an Existing SSDS, fill in the following:

Approximate age of SSDS: _____ As-built on file? YES NO

Septic tank size (gallons): _____ Two compartment septic tank? YES NO

Date of the most recent septic tank pump-out: _____ Tank material type: _____

Leaching system description: _____

Any problems or deficiencies noted with the septic tank or leaching system? YES NO

Comments: _____

Documentation Submitted:

_____ Soil Test Data

_____ B100a compliance plan/sketch, if applicable

_____ Central system plan with design information showing buildings, wells, property lines, SSDS, etc.

Plan prepared by: _____ Plan reviewed by: _____
Professional Engineer (Print Name and Title)
Licensed Installer
Other: _____ Signature: _____