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

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: ______________

Septic tank size (gallons): ______________

Date of the most recent septic tank pump-out: ______________

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: ____________________________
Professional Engineer
Licensed Installer
Other: ____________________________

Plan reviewed by: ____________________________
(Print Name and Title)
Signature: ____________________________

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