

**STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
DRINKING WATER SECTION**

**APPLICATION FOR WELL PERMIT EXCEPTION PURSUANT TO SECTION 19-13-B51M OF THE
REGULATIONS OF CONNECTICUT STATE AGENCIES**

The Regulations Of Connecticut State Agencies (RCSA), Section 19-13-B51m (b) prohibits a local director of health from issuing a well drilling permit at residential premises where the water will be used for human consumption, or at non-residential premises where the water may be used for human consumption, when a community water system is deemed available within two hundred feet, measured along a street, alley or easement from the parcel's boundary. In some circumstances, pursuant to RCSA Section 19-13-B51m (c) an exception may be granted to the above mentioned section.

To apply for an exception, the applicant shall complete Section #1 of this application and have the water company complete Section #2 on the second page. The local health department shall complete a preliminary review of the application and complete Section #3. The completed application may be emailed to DPH.PrivateWellProgram@ct.gov or it may be mailed to the following address:

Department of Public Health
Drinking Water Section, Private Well Program
410 Capitol Avenue MS# 11 PWP
P O Box 3403038
Hartford, CT 06134-0308

1. Well Applicant Information:

Property Address: _____

Applicant Name and Address: _____

Type of property: single-family residential commercial
 residential Other:

Provide all reasons that may justify the well permit exception request, particularly construction problems. Supporting documentation must be submitted along with the justification. Attach additional pages if necessary.

— Signature of well applicant

DATE

2. Community Public Water System (CPWS) available within 200 feet from the property line**CPWS Name and PWSID:**

Is the property in discussion currently served by the CPWS? Yes No
If yes, be aware of the cross-connection protection requirements.

Will an exception, if granted, adversely affect the purity and adequacy of the CPWS water supply, or the service to the customers of the CPWS? Yes No

Is the CPWS able to provide adequate water supply service as requested by the owner of the property located within their exclusive service area boundaries? Yes No

If no, all reasons and factors that prevent the CPWS from serving the property must be included. Attach an additional letter with the explanation. Also indicate whether additional supply, storage and booster facilities are necessary for providing proper service.

Does the CPWS recommend the issuance of the well permit exception? Yes No

Signature of CPWS Administrative Official or Certified Operator: _____ DATE _____

3. Local Health Department (LHD) with jurisdiction over the property:

Can a well be located on the property pursuant to RCSA Section 19-13-B51d? Yes No

Is there any known particular concern with water quality or quantity in the area? Yes No

Indicate of type of sewage disposal proposed: Septic system Sewer

Is the lot in discussion part of a subdivision? Yes No

Does the LHD recommend the issuance of the well permit exception? Yes No

Signature of Local Director of Health _____ DATE _____

For additional information or questions regarding this application, please contact the Drinking Water Section, Private Well Program at (860) 509-8401 or send an email to DPH.PrivateWellProgram@ct.gov

Drinking Water Section Use Only

Received Date: _____ Closed Date: _____

Application complete: Yes No

Assigned Staff Person: _____

Approved

DPH Project Number: _____

Denied