

**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 ☐Denied ☐

DPH Project Number: _____