STATE OF CONNECTICUT



DEPARTMENT OF PUBLIC HEALTH

EHS Circular Letter # 2007-28

DATE: July 16, 2007

TO: Directors of Health & Chief Sanitarians

FROM: Robert W. Scully, PE Supervising Sanitary Engineer Environmental Engineering Program

SUBJECT: WELL EXCEPTION REQUESTS

Legislation that became effective in July 2007 requires notification of property owners that abut properties where a subsurface sewage disposal system installation is proposed within the required setback from a water supply well(s). The legislation is applicable to private well exception requests that are submitted to this Department pursuant to Public Health Code Section 19-13-B103d (a)(3). The following language is included in Section 7 of Public Act No. 07-244:

Sec. 7. (NEW) (*Effective from passage*) (a) Any person who applies to the Department of Public Health for authorization relating to the repair or new construction of a subsurface sewage disposal system that involves the waiver of the proximity requirement of a subsurface sewage disposal system in relation to a private residential well, shall notify all owners of abutting properties of such application by certified mail, return receipt requested. The notice shall include a copy of the application. A decision by the Department of Public Health concerning such application shall constitute a final decision for purposes of section 4-183 of the general statutes.

(b) A decision approving such an application shall not be an affirmative defense for the owner of the subsurface sewage disposal system to any claim of liability for damages relating to contamination caused by the proximity of a subsurface sewage disposal system to a private residential well.

Attached is a revised well exception application. Local health departments must complete the form, and the owner of the property on which the sewage system repair is proposed must sign the application. By signing the application, the property owner is acknowledging that they are aware that they are responsible for notifying abutting property owners in accordance with the new legislation.

cc: Suzanne Blancaflor, Chief, Environmental Health Section, DPH Pamela Kilbey-Fox, Chief, Local Health Administration Branch, DPH William Gerrish, Director, Office of Planning and Communications, DPH

Enclosure



Phone: (860) 509-7296, Fax: (860) 509-7295 Telephone Device for the Deaf (860) 509-7191 410 Capitol Avenue - MS # 51SEW P.O. Box 340308 Hartford, CT 06134 An Equal Opportunity Employer

Well Exception Application

То:	Environmental Engineering Program Department of Public Health 410 Capitol Ave., MS# 51SEW P.O. Box 340308 Hartford, CT 06134-0308		Local Health Depart Mailing Ad				
Attn:	,	CI 00134-0308		Telep	hone:		
Subject Property:				Basis of Design # of Bedrooms:			
(Addre	ss & Town)			or gn Flow:	5.	
Repair for: Tank Leaching System Tank & Leaching System] I	Exception for: Tank Leaching System Tank & Leaching System		Wells affected: Owner's well Neighbor's well Both		
	ected perties	Lot No. or Add	ress	Property Owner's Name	Well Type		of Well To: New System
Subject	t Property						
Pro	Adjacent perty Adjacent						
Pro	operty						
	Adjacent operty						
	djacent						

Is the repair located closer to well(s) than existing system? (Yes/No)

Potability testing of affected wells? (Yes/No)	If yes, are results satisfactory? (Yes/No)
Does subject property have any compliance issues	concerning PHC Section 19-13-B100a? (Yes/No)
COMMENTS:	

Detailed plan prepared by: Professional Engineer	Plan reviewed by:	(Please print)
Licensed Installer Other:	Signature:	
Attachments Included: Plan? (Yes/No	b) Soil Testing Data? (Yes/No)	Other:
Applicant's Signature:		

(Subject Property Owner)

Note: In accordance with Public Act No. 07-244 Section 7, applicant is required to notify abutting owners of exception request (See EHS Circular Letter #2007-28).