



State of Connecticut, Department of Public Health
Easement Exception Application Form

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: _____

Building Lot Served (Grantee)

Property Owner Name: _____

Property Address: _____

Town: _____

Easement Area Lot (Grantor)

Property Owner Name: _____

Property Address: _____

Town: _____

Check either YES or NO for the following list of items. Provide a brief explanation in the comment section below to any item in which NO was selected.

Easement language (draft or final) has been submitted. [] YES [] NO

Septic system easement area has been clearly identified on a plan. [] YES [] NO

Easement references plan in the form of an attachment, exhibit, schedule, etc. [] YES [] NO

Easement language allows for septic system installation, maintenance, and repair. [] YES [] NO

Easement language stipulates easement shall be revocable only by agreement of both parties and the Department of Public Health. [] YES [] NO

Easement area boundaries provide adequate separation distance as if they were property lines. [] YES [] NO

Compliance with B100a has been demonstrated for each property. [] YES [] NO

Comments _____

Documentation Submitted:

[] Septic system easement plan

[] Approved B100a compliance plan

[] Other: _____

Plan Reviewed By: _____

(Print Name and Title)

(Signature)