

Application # _____



Town: _____

Serving the Towns of Colchester, East Haddam, East Hampton, Hebron, Marlborough & Portland

19-13-B100a Application Page 1

Activity

Fee (Cash or Check #)

- 1. **Building Conversion (winterization) or Change in Use (increase in flow or use)** \$75 _____
- 2. **Building Addition**
- 3. **Garages/Accessory Structures (decks, shed \geq 200ft²), Below or Above Ground Pools**
- 4. **Sewage Disposal Area Preservation (lot splits,**

Address of Property: _____

Owner's Name: _____ **Email address:** _____

Phone: (_____) _____ **Mailing Address:** _____

Applicant Name (if other than owner): _____ **Email address:** _____

Phone: (_____) _____ **Applicant's Mailing Address:** _____

Describe (in detail) Proposed Activity: _____

Required Information

1. **Pump Out Report:** Provide a **Septic Tank Pump Out Report/Septic Tank Cleaning Report with this Application, no older than 5 years old, from a Chatham Health District (CHD) Registered Cleaner.** The Registered Cleaners List and Septic Tank Cleaner Permit (form to be completed by the Registered Cleaner) is located on the CHD website at <https://www.chathamhealth.org/forms-applications>. If the property has a valid CHD Permit to Discharge from the last 5 years, a Septic Tank Cleaning Report is not required. The purpose of the report is to meet the Chatham Health District Wastewater Pumping and Permit to Discharge Regulation and identify any failed or malfunctioning septic systems. Failure to provide a Pump Out Report or Permit to Discharge within the last 5 years will result in denial of applications under Section 19-13-B100a and the CHD Regulation, until said items are submitted and approved.
2. **Plot Plan:** Applicant must attach a detailed drawing showing property lines and dimensions, exact location and size of existing and proposed structures, including accessory structures, and all site features. Features such as driveways, well and septic system(s), drains and watercourses along with soil and percolation data and Code Complying Area (area where the system could be replaced) must all be included.
3. **Building Plan:** Attach a sketch/floor plan of the existing and proposed structure(s), addition(s) and/or renovation(s) with all rooms labeled according to their existing and proposed designated use.

Note: Soil test data [test pit(s) and/or percolation test(s)] is **required** for the review of this application. *If soil data is not available on file for this application, you will need to schedule an appointment with the Health District for soil test data collection.* Please provide the proper equipment to conduct the soil test data collection (i.e. machine to excavate test pit(s) and water to conduct percolation test(s)). An additional fee is required for this testing. Please schedule soil test data collection as soon as possible to avoid delays in processing your application.

Owner or Applicant Signature: _____ **Date:** _____

CHATHAM HEALTH DISTRICT
19-13-B100a Review Page 2

For Office Use ONLY: Answer all pertinent questions and complete Calculation Summary section.

1. Building Conversion, Change in Use:

- | | | |
|--|-----|----|
| a. Does a Code-Complying Area exist? | Yes | No |
| b. Is there More than a 50% increase in the design flow? | Yes | No |

2. Building Addition:

- | | | |
|---|-----|----|
| a. Does a Code-Complying Area exist? | Yes | No |
| b. Does the size of the replacement system shown on the design plan or sketch provide a minimum of 50% of the required effective leaching area per the Technical Standards? | Yes | No |
| c. Does the size of the replacement system shown provide a minimum of 50% of the required Minimum Leaching System Spread (MLSS) per the Technical Standards? | Yes | No |
| d. Does the proposed design require an exception to Section 19-14-B103d (a) (3) of the Regulations of Connecticut State Agencies, regarding separation distances to wells? | Yes | No |
| e. Does the addition reduce the potential repair area? | Yes | No |
| f. Does the addition increase the design flow of the building? | Yes | No |
| g. Is there more than a 50% increase in the design flow? | Yes | No |
| h. Does the separation distance with Table 1 in Section II of the Technical Standards? | Yes | No |

3. Garages/Accessory Structures, Below or Above Ground Pools:

- | | | |
|---|-----|----|
| a. Does a Code-Complying Area exist? | Yes | No |
| b. Does the structure reduce the potential repair area? | Yes | No |
| c. Does the separation distance comply with Table 1 in the Technical Standards? | Yes | No |

4. Sewage Disposal Area Preservation:

- | | | |
|--|-----|----|
| a. Does a Code-Complying Area exist? | Yes | No |
| b. Does the relocated lot line violate Subsection (d) of Section 19-13-B103d of the Regulations of the Connecticut State Agencies that requires that each subsurface sewage disposal system shall be located on the same lot as the building served? | Yes | No |

Calculation Summary

Septic Tank Pumped Out Report submitted or Up-to-date Permit to Discharge on file: Yes No

Effective Leaching Area calculations attached/done: Yes No

Effective Leaching Area calculations: _____

MLSS calculations attached/done: Yes No N/A

MLSS calculations: HF: _____ FF: _____ PF: _____ MLSS: _____

Code Complying Area/PRA design plans or sketch attached or on file: Yes No

Confirmatory soil testing required: Yes No

Soil testing attached or on file: Yes No

Approved: _____ Yes No

Reviewed by: _____ Title: _____ Date: _____

Comments: _____

Rev 6/14/23