



Bethel Health Department

Bethel Municipal Building . 1 School Street . Bethel, CT 06801 - 203-794-8539

ADDITION/CONVERSION/CHANGE IN USE APPLICATION

(Application must be submitted if well and/or septic is on the property)

19-13-B100a CHECKLIST

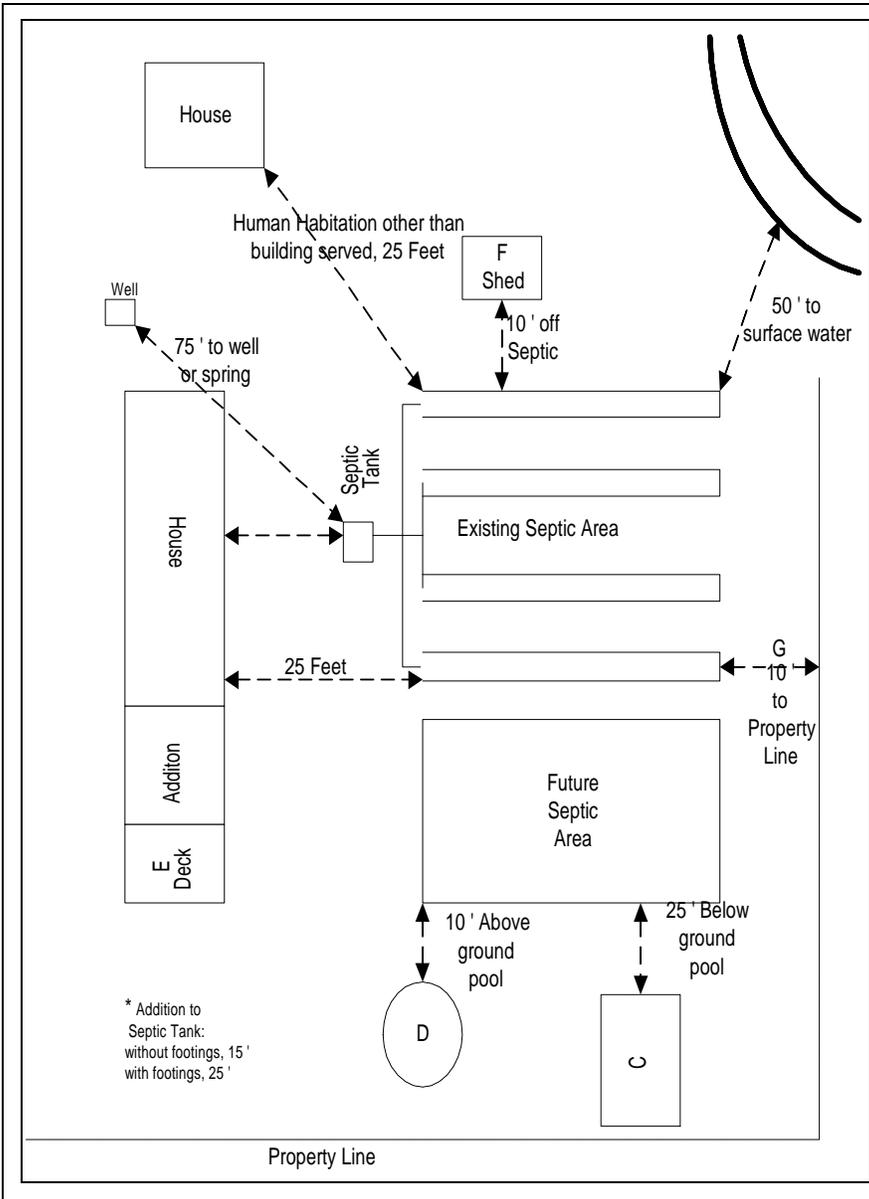
When submitting an application, please provide as much information as necessary to communicate a clear description of the proposed activity.

- Please see reverse side of this form for current **minimum separating distances** required by the Public Health Code.
- The information required on the “**sketch form**” must be provided; otherwise the application cannot be processed. Please refer to the reverse side of the **sketch form** to determine what the Health Department requires.
- Please do not forget to **sign and date the application** (bottom of page one).
- All **checks** must be made payable to the Town of Bethel.

The applicant should use this list to make sure all required information is attached. Check the appropriate boxes that specify information to be submitted.

- Floor plans of existing structure as it exists today, showing all rooms, including bathrooms, all identified.
- Floor plans of structure after addition/conversion/change in use showing all rooms, baths, all identified.
- General plan of replacement septic system design.
- Detail Plan (P.E.) of replacement septic system design.
- Copy of tax assessorsqProperty Description Form (Field Card).
- Copy of any soil test data or other information (wetlands maps, soil conservation service maps) relating to property, which is not in town files.
- Copy of plan, sketch, As-Built of existing septic serving the building.
- Site Plan of property showing existing structure.
- Site Plan of property showing expanded structure.
- Location of private wells on the subject and adjacent properties.
- Copies of approval letters from other Town/State regulatory agencies.

PUBLIC INFORMATION ON CURRENT SEPARATING DISTANCES REQUIRED BY THE PUBLIC HEALTH CODE



| ITEM | SEPARATING | DISTANCE |
|------|---|----------|
| A | Well | 75 q |
| B | Building (Additions) | 15 ± |
| | Without foundation footing drains (Septic tank/pump chamber may be reduced to 10q if watertight) | |
| | With foundation footing drains | 25 ± |
| C. | Below ground swimming pool | 25 ± |
| D. | Above ground swimming pool | 10 ± |
| E. | Decks on piers | 5q |
| F. | Shed | 5 ± |
| G. | Property Line | 10 ± |
| H. | Well, spring or domestic water suction pipe. Required withdrawal rate: | |
| | under 10 gal per minute | 75 ± |
| | 10 to 50 gal per minute | 150 ± |
| | over 50 gal per minute | 200 ± |
| I. | Human habitation on adjacent property | 15 ± |
| J. | Well to Swimming pools under 10 gal per minute (Above) | 10 ± |
| | (Below ground) | 25 ± |
| K. | Any open water course | 50 ± |
| L. | Public water supply reservoir | 100 ± |
| M. | Any surface or ground water drain constructed or tight pipe | 25 ± |
| N. | Groundwater Intercepting drains, footing or foundation drain located up gradient from leaching system. | 25 ± |
| O. | Loose or open jointed, perforated, slotted or pervious pipe drain located down gradient from leaching system. | 50 ± |
| P. | Top of embankment | 10 ± |
| Q. | Potable water line which flows under pressure | 10 ± |
| | | |
| R. | Utility service trench (underground electric, gas, phone, cable TV, etc) | 5q |



BETHEL HEALTH DEPARTMENT

Clifford J. Hurgin Municipal Center, 1 School Street, Bethel, Connecticut 06801- (203) 794-8539

APPLICATION FOR HEALTH APPROVAL FOR ADDITIONAL STRUCTURES* ON RURAL RESIDENTIAL LOTS

* ADDITIONAL STRUCTURES INCLUDE: Detached Buildings, Pools, Sheds, Bathrooms, Bedrooms, Apartments,

The following information is required to determine whether the proposed construction activity will comply with Section 19-13-B100, 19-13-B103 and 19-13-B104 of the Public Health Code of the State of Connecticut. The applicant/owner is responsible to meet all applicable laws and P.H.C. requirements to receive approval of the application.

DIRECTIONS:

Note: MAKE SURE ALL REQUESTED INFORMATION IS SUBMITTED FOR PLAN REVIEW AND PLEASE INCLUDE AN APPLICATION FEE (\$10.00 for Above ground pools, Patio, Sheds - all others \$25.00) MADE PAYABLE TO THE TOWN OF BETHEL.

Please complete sections I through V. On the attached sketch form, show the SUBJECT PROPERTY, and place within its bounds, PROPOSED CONSTRUCTION, the WELL, the EXISTING SEPTIC SYSTEM AREA, and AREA that can be RESERVED on the property for a SEPTIC REPAIR, if ever needed in the future. The SKETCH must SHOW the DIMENSIONS and DISTANCES from ALL STRUCTURES and FACILITIES indicated above. WRITE OUT these DISTANCES on the SKETCH and in the BLANK SPACES PROVIDED. THANK YOU FOR YOUR CO-OPERATION.

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I. TYPE OF CONSTRUCTION ACTIVITY PROPOSED

Addition Conversion Use Change Pool Hot Tub Other
If other, explain _____

II. GENERAL INFORMATION ABOUT PROPERTY

Address _____ Lot No. _____
Owner _____
Phone (Business) _____ Home No. _____

III. GENERAL INFORMATION ABOUT EXISTING STRUCTURE

Served by: Well Community Well Public Water
 Septic System Sewer
Total Number of Existing Bedrooms: _____

IV. DESCRIBE PROPOSED CONSTRUCTION ACTIVITY: _____

Dimensions: L _____ W _____ H _____

V. THIS SECTION FOR POOLS AND HOT TUBS ONLY

POOL INSTALLATION: In-ground Above ground
Type of Filter: Cartridge Sand Diatomaceous
Method of filter backwash disposal + _____

HOT TUB INSTALLATION

Interior Exterior Capacity (gallons) _____
Drainage discharged to _____

Date _____

Signature of Applicant

SKETCH FORM (Required Information)

- VIII. **PLEASE PROVIDE THE FOLLOWING INFORMATION:** (Information needed for processing)
DISTANCE FROM CLOSEST EDGE OF **PROPOSED PROJECT TO SEPTIC TANK:** _____
DISTANCE FROM **PROPOSED WORK TO EXISTING SEPTIC SYSTEM:** _____
DISTANCE FROM **PROPOSED WORK TO AREA ON PROPERTY THAT CAN BE USED FOR SEPTIC REPAIR:** _____
DISTANCE FROM **PROPOSED WORK TO WELL AND/OR WATER SUPPLY:** _____

SKETCH FORM: TO BE USED TO SHOW PROPOSED WORK, HOUSE, WELL, AND SEPTIC AREAS.

- IX. SITE OR PLOT PLAN - For Applicant's use

