



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.

* * * * *

**R
E
Q
U
I
R
E
D

I
N
F
O
R
M
A
T
I
O
N**

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 _____

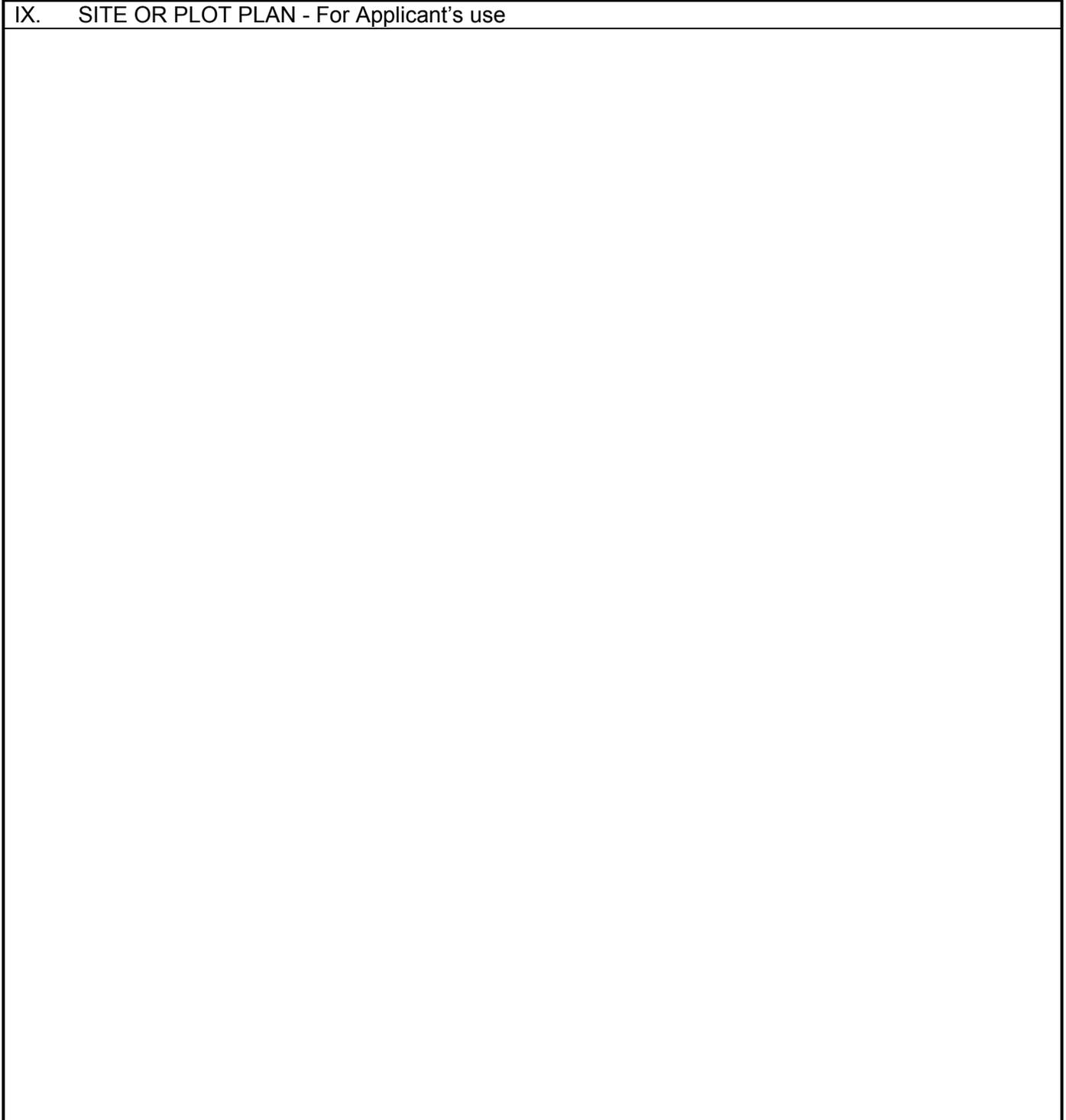
Signature of Applicant _____

SKETCH FORM (Required Information)

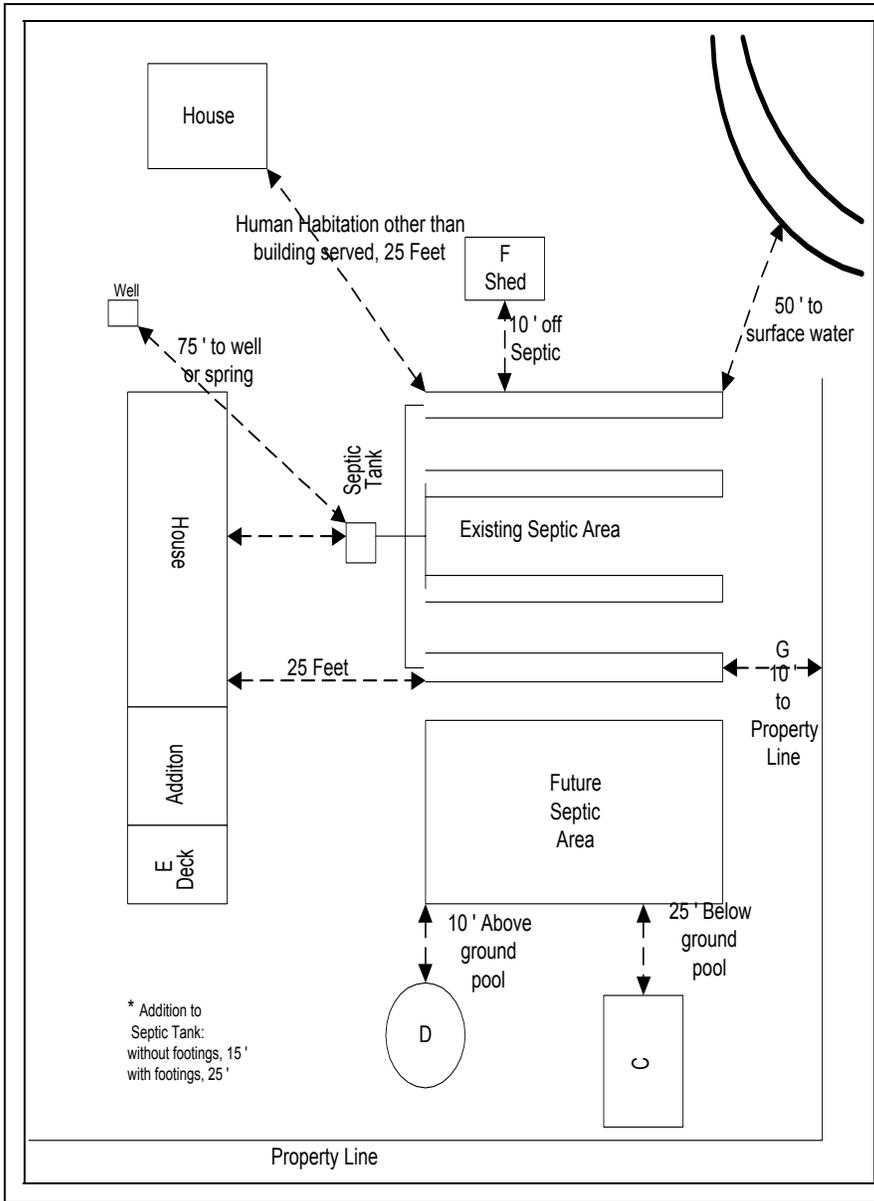
- VIII. **PLEASE PROVIDE THE FOLLOWING INFORMATION:** (Information needed for processing)
DISTANCE FROM CLOSEST EDGE OF **PROPOSED PROJECT TO SEPTIC TANK:** _____
DISTANCE FROM **PROPOSED WORK TO EXISTING SEPTIC SYSTEM:** _____
DISTANCE FROM **PROPOSED WORK TO AREA ON PROPERTY THAT CAN BE USED FOR SEPTIC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



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



ITEM	SEPARATING DISTANCE
A. Well	75'
B. Building (Additions)	15'
Without foundation footing drains (Septic tank/pump chamber may be reduced to 10' if watertight)	
With foundation footing drains	
C. Below ground swimming pool	25'
D. Above ground swimming pool	10'
E. Decks on piers	5'
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)	5'