

**STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
DRINKING WATER SECTION**

**APPLICATION FOR WELL PERMIT EXCEPTION PURSUANT TO SECTION 19-13-B51M OF THE
REGULATIONS OF CONNECTICUT STATE AGENCIES**

The Regulations Of Connecticut State Agencies (RCSA), Section 19-13-B51m(b) prohibits a local director of health from issuing a well drilling permit at residential premises where the water will be used for human consumption, or at non-residential premises where the water may be used for human consumption, when a community water system is deemed available within two hundred feet, measured along a street, alley or easement from the parcel's boundary. In some circumstances, pursuant to RCSA Section 19-13-B51m(c) an exception may be granted to the above mentioned section.

To apply for an exception, the applicant shall complete Section #1 of this application and have the water company complete Section #2 on the second page. Then the local health department, upon a preliminary review of the application shall complete Section #3. The completed application may be emailed to DPH.SourceProtection@ct.gov or it may be mailed to the following address:

Department of Public Health
Drinking Water Section, Source Assessment and Protection Unit
410 Capitol Avenue MS# 51 WAT
P O Box 3403038
Hartford, CT 06134-0308

1. Well Applicant Information:	
Property Address: _____	
Applicant Name and Address: _____	
Type of property:	single-family residential <input type="checkbox"/>
	residential <input type="checkbox"/>
	commercial <input type="checkbox"/>
Provide all reasons that may justify the well permit exception request, particularly construction problems. Supporting documentation must be submitted along with the justification. Attach additional pages if necessary.	

_____ Signature of well applicant	_____ DATE

2. Community Public Water System (CPWS) available within 200 feet from the property line	
CPWS Name and ID: _____	
Is the property in discussion currently served by the CPWS? <i>If yes, be aware of the cross-connection protection requirements.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will an exception, if granted, adversely affect the purity and adequacy of the CPWS water supply, or the service to the customers of the CPWS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the CPWS able to provide adequate water supply service as requested by the owner of the property located within their exclusive service area boundaries?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, all reasons and factors that prevent the CPWS from serving the property must be included. Attach an additional letter with the explanation. Also indicate whether additional supply, storage and booster facilities are necessary for providing proper service.	
Does the CPWS recommend the issuance of the well permit exception?	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Signature of CPWS Administrative Official or Certified Operator: _____ DATE _____	

3. Local Health Department (LHD) with jurisdiction over the property: _____	
Can a well be located on the property pursuant to RCSA Section 19-13-B51d?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any known particular concern with water quality or quantity in the area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Indicate of type of sewage disposal proposed:	Septic system <input type="checkbox"/> Sewer <input type="checkbox"/>
Is the lot in discussion part of a subdivision?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the LHD recommend the issuance of the well permit exception?	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Signature of Local Director of Health _____ DATE _____	

For additional information or questions regarding this application, please contact the Drinking Water Section at (860) 509-7333

Drinking Water Section Use Only	
Received Date: _____	Closed Date: _____
Application complete: Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Assigned Staff Person: _____	
DPH Project Number: _____	