

## FOR PROPERTIES SERVED BY AN ON-SITE SEPTIC SYSTEM

Building Conversions, Change in Use, Additions and Accessory Structures, Sewage Disposal Area Preservation

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

### 19-13-B100a CHECKLIST

**WHEN SUBMITTING AN APPLICATION TO THE MILFORD HEALTH DEPARTMENT (MHD), PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE TO COMMUNICATE A CLEAR DESCRIPTION OF THE PROPOSED ACTIVITY.**

Please see reverse side of this form for current minimum separating distances between the dwelling/accessory structure and the septic system and replacement area required by the Public Health Code.

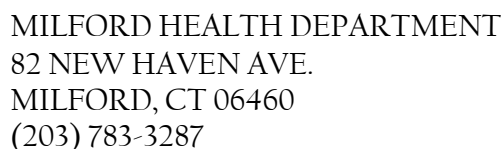
The information required on the “**sketch form**” must be provided; otherwise, the application cannot be processed.

- ❖ Please do not forget to **sign and date the application** (bottom of page one).
- ❖ All **checks** must be made payable to the City of Milford.

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**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 the proposed addition/conversion/change in use showing all rooms, baths, all identified.
- ☐ General plan of replacement septic system design ensuring that all minimum separation distances are met.
- ☐ For areas of special concern as defined by the CT Public Health Code, a design by a professional engineer may be required by MHD.
- ☐ Copy of any soil test data or other information (wetlands maps, soil conservation service maps) relating to property.
- ☐ Copy of plan, sketch, As-Built of existing septic serving the building.
- ☐ Site Plan of the property showing the existing structure and the proposed expanded structure, the accessory structure and/or the proposed swimming pool.
- ☐ Location of private wells on the subject and adjacent properties.
- ☐ Copies of approval letters from other Town/State regulatory agencies



DATE: \_\_\_\_\_

The following information is required to determine whether the proposed construction activity will comply with Section 19-13-B100, 19-13-B103, 19-13-B104 of the CT Public Health Code and Chapter 23, Section 23-1 of the Milford Code of Ordinances.

On the attached sketch form the applicant is required to submit a plot plan of the **SUBJECT PROPERTY**, and show the **EXISTING STRUCTURE, PROPOSED CONSTRUCTION**, the **WELL**, the **EXISTING SEPTIC SYSTEM AREA**, and the area that can be used on the property for a **FUTURE** septic replacement. The **SKETCH** must **SHOW** the **DIMENSIONS** and **DISTANCES** from all structures and facilities indicated.

Phone – Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Description:

☐ Full Foundation ☐ Frost Wall ☐ Slab ☐ Piers ☐ Other **Footing Drains:** ☐ Yes ☐ No

Existing structure served by: ☐ Well ☐ Public Water ☐ Septic System ☐ Sewer

Total number of existing bedrooms: \_\_\_\_\_ Total number bedrooms after construction: \_\_\_\_\_

If the property is served by a septic system and/or private well, please complete the following:

Public water available: ☐ Yes ☐ No

Public sewer available: ☐ Yes ☐ No **If yes, you must provide a letter from Milford Engineering**

Swimming Pool/Hot Tub /Whirlpool Installation: ☐ Above-Ground ☐ In-Ground ☐ Other

Type of filter: ☐ Cartridge ☐ Sand ☐ Diatomaceous Earth

Backwash disposal: (Show on Plan)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I am the owner or the owner's contractual representative and that the information above is accurate to the best of my knowledge and I have received the attached information sheet.

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Property address: \_\_\_\_\_

V. Application Complete? ☐ YES ☐ NO Date Completed: \_\_\_\_\_

VI. Is soil testing information available for this property? ☐ YES ☐ NO  
If no, will soil testing be required? ☐ YES ☐ NO

If no, what is basis for approval? \_\_\_\_\_

VII. **BUILDING CONVERSION, CHANGE IN USE:** ☐ Applicable ☐ Not Applicable

Has a code complying area been determined for this property? ☐ YES ☐ NO  
If yes, will the property owner be required to expand the existing septic system? ☐ YES ☐ NO

VIII. **BUILDING ADDITION:** ☐ Applicable ☐ Not Applicable

Has a code complying area been determined for this property? ☐ YES ☐ NO

If a code complying area is not found, does the application meet the following conditions?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Replacement area provides 50% of effective leaching area.                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Replacement area provides 50% of MLSS requirement.                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. No exception(s) to well separation distance is required.                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. The addition does not reduce the potential repair area.                           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. The addition does not increase the design flow of building.                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Will proposed addition result in greater than 50% increase in design flow?        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. If yes, will the property owner be required to expand the existing septic system? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

IX. **ACCESSORY STRUCTURE** (Garages, Pools, etc.) ☐ Applicable ☐ Not Applicable

Has a code complying area been determined for this property? ☐ YES ☐ NO

If a code complying area is not found, does the application meet the following conditions?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Accessory structure, etc. does not reduce the potential repair area.  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. The separation distances between the accessory structures, etc. and any part of the existing septic system shall comply with technical standard requirements. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

X. **LOT DIVISION, LOT LINE CHANGE, LOT REDUCTION:** ☐ Applicable ☐ Not Applicable

Has a complying area been determined on the lot containing the existing building? ☐ YES ☐ NO  
Has a code complying primary and reserve area been determined for the newly created lot? ☐ YES ☐ NO

XI. ☐ Approved ☐ Not Approved: Sanitarian: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Milford Health Department assumes no responsibility for the present or future operation of the septic system or for any damage to the septic system caused by the new construction or any necessary testing.

**SKETCH FORM – REQUIRED INFORMATION**

Please provide the following information:

DISTANCE FROM CLOSEST EDGE OF **PROPOSED PROJECT TO SEPTIC TANK:** \_\_\_\_\_

DISTANCE FROM **PROPOSED WORK TO EXISTING LEACHING SYSTEM:** \_\_\_\_\_

DISTANCE FROM **PROPOSED WORK TO AREA ON PROPERTY THAT CAN BE USED FOR SEPTIC REPLACEMENT:** \_\_\_\_\_

DISTANCE FROM **PROPOSED WORK TO WELL AND/OR WATER SUPPLY:** \_\_\_\_\_