FOR PROPERTIES SERVED BY AN ON-SITE SEPTIC SYSTEM

Building Conversions, Change in Use, Additions and Accessory Structures

(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.

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

MILFORD HEALTH DEPARTMENT
82 NEW HAVEN AVE.
MILFORD, CT 06460
(203) 783-3287

APP. NO. ______________
DATE: ________________

APPLICATION FOR APPROVAL FOR ADDITIONAL STRUCTURES ON RESIDENTIAL LOTS, BUILDING CONVERSIONS/CHANGE IN USE

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.

I. GENERAL INFORMATION ABOUT PROPERTY:

Address: ____

Owner: ____

Contractor: ____

Phone – Business: ____________________ Home: ____________________ Cell: ________________

II. TYPE OF CONSTRUCTION: ☐ Addition ☐ Conversion ☐ Use Change ☐ Pool ☐ Hot Tub ☐ Other

Description: ____

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

III. GENERAL INFORMATION ABOUT EXISTING STRUCTURE:

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**

IV. SWIMMING POOL AND/OR HOT TUB

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.

SEE REVERSE FOR DECISION AND COMMENTS

FOR OFFICE USE ONLY

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. ❒ YES ❒ NO
2. Replacement area provides 50% of MLSS requirement. ❒ YES ❒ NO
3. No exception(s) to well separation distance is required. ❒ YES ❒ NO
4. The addition does not reduce the potential repair area. ❒ YES ❒ NO
5. The addition does not increase the design flow of building. ❒ YES ❒ NO
6. Will proposed addition result in greater than 50% increase in design flow? ❒ YES ❒ NO
7. If yes, will the property owner be required to expand the existing septic system? ❒ YES ❒ 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. ❒ YES ❒ NO
2. The separation distances between the accessory structures, etc. and any part of the existing septic system shall comply with technical standard requirements. ❒ YES ❒ 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:** _____