

Farmington Valley Health District 95 River Road, Suite C • Canton, CT 06019 • Phone (860) 352-2333 • Fax (860) 352-2542

Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury

SOME IMPORTANT CONSIDERATIONS FOR ADDITIONS/RENOVATIONS, ACCESSORY APARTMENTS AND POOLS.

1) ON SITE SEWAGE DISPOSAL SYSTEM AND WELLS

a) Adequacy of the Lot

Before additions, etc. can be approved an area to repair or expand your septic system must be shown to exist on the property. If soil testing is determined to be necessary, a separate "Site Evaluation Application" must be submitted. A new septic system may not be required if the existing system is functioning adequately, but you must demonstrate the suitability of the site to support a new replacement system in the future if it becomes necessary.

b) Adequacy of septic system

The system must be large enough to support its intended use. Information pertaining to septic system size and type must be provided. Often a change in use can overwhelm an inadequate system. Again, soil testing may be needed to determine whether the site has the capability of supporting the intended use.

c) Location

The septic system location must be determined before the application can be reviewed to ensure that the system will not be damaged during construction. Also, the planned addition must meet the required separating distance to your septic system and **not** be located in an area that may be utilized as a septic area in the future.

2) POOLS AND HOT TUBS

Pool backwash water must not be discharged into household septic systems and must be disposed of in such a way as to prevent nuisance conditions. Septic systems have not been designed to receive large amounts of water from pools or spas.

3) REQUIRED SEPARATING DISTANCES

<u>- x</u>	<u> </u>	
•	Building without footing drain to Septic Tank & Fields	10 Feet
•	Building with footing drain to Septic & Well	25 Feet
•	Above ground pool to septic system	10 Feet
•	In-ground pool to Septic System & Well	25 Feet
•	Accessory Structures with frost wall and no footing drains	10 Feet
•	Accessory Structures no frost wall (Decks, Sheds, etc.)	5 Feet
•	Above or below ground propane tanks (<2000 gallons) to Well	25 Feet
•	Liquid fuel tanks (fuel oil, gasoline, kerosene) to Well	75 Feet



COMMENTS:

FEE: \$50.00

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Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury APPLICATION FOR LOCATION APPROVAL/ADDITION PROPERTY OWNER: PHONE # (H): ADDRESS ______ TOWN _____ PHONE # (Work/Cell)_____ *CONTRACTOR:_____ PHONE #:_____ * Contractors that conduct renovation, remodeling or paint removal activities on residential houses, apartments and child-occupied facilities built before 1978 MUST be EPA certified. TYPE OF PROPOSAL ☐ Building Addition &/or ☐ Interior Renovation (describe)_____ Number of bedrooms in existing house______ Number of bedrooms after addition_____ □ **Detached Structure** □ Shed □ Barn □ Garage □ Propane □ Generator Pad □ Other(describe) □ Swimming Pool □ In-ground □ Above ground (filter type_____) heated y/n Deck provided □ Yes □ No ☐ Building Conversion - Change in use (describe)_____ ☐ **House Teardown, Replacement:** Using existing foundation New foundation # Bedrooms in existing house_____ # Bedrooms in proposed house_____ ☐ Demolition (see demolition instructions): ☐ Water Treatment Wastewater (WTW) system (see guidelines): ☐ Lot Line Revision: PLEASE COMPLETE (applicable sections only) Will the addition have: Heat \Box yes \Box no Plumbing \Box yes \Box no Exterior sewer pipe/pump needed? \Box yes \Box no Interior sewage pump needed? \Box yes \Box no □Full foundation □Frost Wall □Slab □Piers □Other _____ **Footing Drains** \square yes (show on plan) \square no Cuts in grade <50' downhill of septic system? \square yes \square no Distance of proposed addition from: Septic tank______ft Leaching system_____ft Well_____ft Any sewage backups, overflows or other problems noted with the existing septic system? Yes \square No \square ** PROVIDE A SKETCH SHOWING THE LOCATION OF THE ADDITION RELATIVE TO THE WELL & SEPTIC FVHD ASSUMES NO RESPONSIBILITY FOR PRESENT/FUTURE OPERATION OF SEPTIC SYSTEM OR FOR ANY DAMAGE TO THE SEPTIC SYSTEM CAUSED BY THE NEW CONSTRUCTION OR ANY NECESSARY TESTING. I certify that I'm the **owner or owner's contractual representative** & that the information above is accurate to the best of my knowledge. I also acknowledge that I'm responsible for securing any required approvals from other town/state agencies (Bldg, Wetlands, Zoning, etc.) **DATE** THE APPROVAL WILL BE FAXED TO TOWN BLDG DEPT. FVHD WILL CALL ONLY IF QUESTIONS ARISE. (OFFICE USE ONLY) FVHD APPROVED ______DENIED___ Date:



Sketch of Proposal

ADDRESS _____ TOWN ____

Please show the location of the existing building, septic tank, leaching fields and well relative to the proposed construction/installation.

Date: _____