



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, DEMOLITION 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) DEMOLITION-See additional instructions

4) REQUIRED SEPARATING DISTANCES

- Building without footing drain to Septic Tank & Fields.....10 Feet
- Building with footing drain to Septic & Well.....25 Feet
- Above ground pool to septic system10 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



FEE: \$55.00

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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): _____

PLEASE COMPLETE (applicable sections only)

Will the addition have: Heat yes no Plumbing yes no Exterior sewer pipe/pump needed? yes no
Interior sewage pump needed? yes no

Full foundation Frost Wall Slab Piers Other _____

Footing Drains yes (show on plan) no Cuts in grade <50' downhill of septic system? yes 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 No

** 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.)

Signature _____ DATE _____

THE APPROVAL WILL BE FAXED TO TOWN BLDG DEPT. FVHD WILL CALL ONLY IF QUESTIONS ARISE.

(OFFICE USE ONLY)

FVHD APPROVED _____ DENIED _____ Date: _____

COMMENTS:



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.

By _____

Date: _____