

# North Central District Health Department

31 NORTH MAIN STREET, ENFIELD, CONNECTICUT 06082

- Enfield Office (860) 745-0383 FAX 745-3188  
 Vernon Office (860) 872-1501 FAX 872-1531  
 Windham Office (860) 465-3033 FAX 465-3032  
 Stafford Office (860) 684-5609 FAX 684-1768

Office Use	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> File Review Only (Fee: \$50.00) <input type="checkbox"/> Site inspection and/or soil test (Fee: \$150.00)	

Application No. \_\_\_\_\_

- APPLICATION FOR:**
- BUILDING ADDITIONS, CONVERSIONS OR CHANGE OF USE  
 ACCESSORY STRUCTURE AND POOLS

Town: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Owner: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Contractor: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone No. \_\_\_\_\_

Property is serviced by:  Septic System  Well  Public Sewer  Public Water Supply

Description of Proposed Building Addition, Conversion, Change of Use, Accessory Structure or Pool: \_\_\_\_\_

**Submit the following information with this application:**

- Site Plan** with required data (Existing structures; proposed addition, deck, pool or shed; well location; septic tank location; and septic leach field location.)  
 **Current septic pumper's report** (within 6-12 months)  
 Provide a **septic as-built**, if available.

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Applicant

**This application must be accompanied by a check payable to NCDHD for the appropriate fee when applicable.**

**SEPARATING DISTANCES**

Above Ground Pool	10 feet to any part of sanitary system and/or well
In-Ground Pool	25 feet to any part of sanitary system and/or well
Deck on Piers	5 feet to any part of sanitary system and/or well
Additions	15-25 feet to any part of sanitary system and/or well
Accessory Structure without footing drains	10 feet to any part of sanitary system and/or well

***(Please see reverse side)***

NCDHD Sanitary Code, Section 6.5.2. Additions, Conversions, Changes in Uses

When an addition, conversion or change of use is proposed for a residential building, residential institution, or a non-residential building, and public sewers are not available, the proposed addition, conversion or use change, shall meet the requirements of Section 19-13-B100, the current requirements of the Connecticut Public Health Code, except for the one hundred percent reserve area requirement.

A completed application with fee, current pumper's report and a site plan must be submitted to the District office for review and approval. The application form shall be obtained from the Health District. The site plan shall include the proposed addition, conversion or change of use **and** the following:

1. Existing house location and existing locations of any above grade structures; i.e., garages, pools, sheds, etc.
2. Existing location of any below grade facilities; i.e., pools, fuel tanks, drains, etc.
3. Existing location of current septic system (pipe from house to tank, tank, leach area, etc.)
4. Existing location of an approved reserve area, if one has been designated and approved.
5. Existing location of all wells within 150 feet of the existing septic system.
6. Existing property lines and any easements.
7. Existing wetlands, streams, bodies of water, etc.
8. Any soil test data available for existing property.

The current pumper's report shall be submitted from a licensed, Connecticut septic pumper. The septic tank shall have been pumped within 6-12 months of the date of application to the District for the addition, conversion or change of use.

Upon submission and approval of all of the required soil data and requested information, the District shall issue a letter of approval to the applicant and fax the approval to the town's building official.

Accessory structures shall be defined as those complying with the definition of such in Technical Standards, Section 19-13-B103(I).