B51d
Change in Use Application for Properties with Public Sewer and Private Well

INSTRUCTIONS

This form is used to conform to the State of Connecticut Public Health Code, Section 19-13-B51d. Property owners must file an application with the local health department indicating the location of the building addition, accessory structure or pool location. B51d refers only to well separating distances.

No such well shall be located within 25 feet of the high water mark of any surface water body, nor within 25 feet of drain carrying surface water or of a foundation drain or pool.

Recommended separating distance between a well and any structure is 10 feet from storage sheds, or an addition, provided there are no foundation drains.

In addition to filling out this form, you will also have to submit the following with your application:

☐ If your home was built prior to 1985, please have your deed or the previous owners name available. This information can be obtained from your Town Clerk.

☐ A plot plan drawn to scale (Example: 1 inch = 20 feet) which shows the location of the house, well, sewer line, and closest property lines. Be sure to indicate distances between each item.

☐ A written description of the proposed addition, accessory structure or pool.

☐ If proposing an addition to an existing structure, please provide a sketch of the existing floor plan and a sketch of the proposed floor plan change.

In the event of application withdrawal by the applicant, NDDH reserves the right to retain a non-refundable processing fee.

In order to avoid unnecessary delays, please be sure to complete the form in its entirety and submit all required information and fees. Do not fax, return by mail.

For additional assistance, please contact us:

Northeast District Department of Health
69 South Main Street, Unit 4
Brooklyn, CT 06234
Phone: 860-774-7350 / Fax: 860-774-1308 / www.nddh.org

Rev. 100314
B51d
Change in Use Application for Properties with Public Sewer and Private Well
To conform to PHC 19-13-B51d. Location/Well Separating Distances
(See Reverse Side for Instructions)

Town: __________ Street #: _______ Street: ____________________________
Assessor’s Map: _______ Block: _____ Lot: _______ Dev. Lot: _______ Lot Size: __

Legal Owner: __________________________________________________________

Mailing Address: _______________________________________________________

Town: __________________________ State: ___________ Zip: ______________
Work Phone: ___________ Home Phone: ___________ Cell Phone: ____________

Email Address: _________________________________________________________

Year Built: ___________________________ No. of Bedrooms: ________________

Proposal for Change: __________________________________________________

Agent for Owner: _______________________________________________________

Agent’s Mailing Address: _______________________________________________

Town: __________________________ State: ___________ Zip: ______________
Agent’s Phone Number: _________________________________________________

Signature of Legal Property Owner: __________________________ Date: ________

PROPERTY OWNER: By signing above, you certify that the information provided is a true and accurate description of the addition, accessory structure, or pool.
No services will be rendered until payment is received. Do not fax, return by mail. In the event of application withdrawal by the applicant, NDDH reserves the right to retain a non-refundable processing fee.

NDDH Use Only
File #: ___________________ B51d/Change in Use Fee: ___________________
Name ID #: _______________ Receipt # _________ Check # __________ Date: ______