**The Point O’Woods Association, Incorporated**

**Water Pollution Control Authority**

**P.O. Box 186**

**South Lyme, CT 06386**

**APPLICATION FOR AN EXEMPTION FROM CONNECTION TO THE SANITARY SEWER**

Application is hereby made for an exemption from connection to the Point O’Woods municipal sanitary sewer system for the property listed below.

**Name of Applicant**:

Name of Property Owner(s)

**Point O’ Woods Address**:

Number and Street

**Permanent Address**:

Number and Street

City, State, Zip Code

**Additional Information**: The following information must be provided in support of any Application for Exemption. Note that an application is not considered to be complete until **ALL** of the following documents/information has been received by the WPCA.

|  |  |
| --- | --- |
| □ | Site plan of property, depicting:   * Location of septic system * Drainage structures, including yard, footing and storm drains, etc. * Water supply wells, including wells on abutting properties * Water service(s) * Structures * Property lines * Bedrock outcrops * Surface water/marshlands * Topography |
| □ | As-built plan of septic system, including date of installation |
| □ | Test pit data, including location of all test pits |
| □ | Percolation test data, including locations of all test holes |
| □ | Depth to groundwater |
| □ | Depth to bedrock |
| □ | Septic system design computations |
| □ | Minimum Leaching System Spread (MLSS) computations |
| □ | Report of septic system inspection and pumpout. Date of inspection/pumpout must not exceed three months from date of application |
| □ | Certification of a Licensed Professional Engineer |
|  |  |

Applicant take note:

1. A benefit assessment shall be levied against the property whether or not the property is connected to the sanitary sewer system.
2. The Applicant shall be responsible for all costs incurred by the WPCA related to the review of this application.

Signature

Written Name

Date

**CERTIFICATION OF LICENSED PROFESSIONAL ENGINEER**

**IN SUPPORT OF**

**EXEMPTION FROM CONNECTION TO THE SANITARY SEWER**

I have personally examined the attached Application for an Exemption from Connection to the Sanitary Sewer, including all documents attached thereto, for the property located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and have inspected the existing subsurface disposal system at that property and hereby certify that:

1. I am a Professional Engineer licensed by and in good standing with the State of Connecticut Department of Consumer Protection;
2. The subsurface disposal system located on the above address has been designed and, to the extent determinable through my personal observation, has been installed in conformance with all applicable provisions of Section 19-13-B103 et seq. of the State of Connecticut Public Health Code, in effect as of the date of this application, without any variances except for the requirement for a reserve disposal area;
3. The subsurface disposal system is adequately sized to accommodate the anticipated sewage flow from the property; and
4. The disposal system is presently operating without any observed or reported problems.

Signature

Printed Name

License No.

Date

Seal

Street Address SEAL

City/State/Zip Code

Telephone

Email Address

**The Point O’Woods Association, Incorporated**

**Water Pollution Control Authority**

**P.O. Box 186**

**South Lyme, CT 06386**

**EXEMPTION FROM CONNECTION TO SANITARY SEWER SYSTEM**

An exemption is hereby granted to

Name of Property Owner(s)

for connection of the property located at

Street Address

in Point O’Woods, South Lyme, Connecticut to the municipal sanitary sewer system. Exemption is granted subject to the following additional requirements:

1. If at any time it is determined by the WPCA or the local health department having jurisdiction that the on-site disposal system has either failed or is in the process of failing, the WPCA may, in its sole discretion, order the property to be connected to the sanitary sewer system at the expense of the Applicant.
2. A copy of this approval shall be filed in the Town of Old Lyme land records and with the local health department at the Applicant’s expense.
3. Additional requirements:

This exemption is granted this the day of , 201\_\_\_.

By:

Title: