HEALTH DISTRICT

Serving the Towns of Colchester, East Haddam, East Hampton, Hebron, Marlborough & Portland

19-13-B100a Application Page 1

Activity	Fee (Cash or Check #)
1. Building Conversion (winterization) or Change in Use (increase in flow or use)	$75 _____
2. Building Addition	
3. Garages/Accessory Structures (decks, shed ≥200ft2), Below or Above Ground Pools	
4. Sewage Disposal Area Preservation (lot splits,	

Address of Property: 101 North Lane Moodus CT

Owner's Name: Walter Bradbury **Email address:** N/A

Phone: (914) 900 6096 **Mailing Address:** 101 North Lane Moodus

Applicant Name (if other than owner): Same **Email address:** _____

Phone: ( ) _____ **Applicant's Mailing Address:** _____

Describe (in detail) Proposed Activity: Adding Extra Living Space to Home

Required Information

1. **Pump Out Report: Provide a Septic Tank Pump Out Report/Septic Tank Cleaning Report with this Application, no older than 5 years old, from a Chatham Health District (CHD) Registered Cleaner.** The Registered Cleaners List and Septic Tank Cleaner Permit (form to be completed by the Registered Cleaner) is located on the CHD website at https://www.chathamhealth.org/forms-applications. If the property has a valid CHD Permit to Discharge from the last 5 years, a Septic Tank Cleaning Report is not required. The purpose of the report is to meet the Chatham Health District Wastewater Pumping and Permit to Discharge Regulation and identify any failed or malfunctioning septic systems. Failure to provide a Pump Out Report or Permit to Discharge within the last 5 years will result in denial of applications under Section 19-13-B100a and the CHD Regulation, until said items are submitted and approved.
2. **Plot Plan:** Applicant must attach a detailed drawing showing property lines and dimensions, exact location and size of existing and proposed structures, including accessory structures, and all site features. Features such as driveways, well and septic system(s), drains and watercourses along with soil and percolation data and Code Complying Area (area where the system could be replaced) must all be included.
3. **Building Plan:** Attach a sketch/floor plan of the existing and proposed structure(s), addition(s) and or renovation(s) with all rooms labeled according to their existing and proposed designated use.

Note: Soil test data [test pit(s) and/or percolation test(s)] is **required** for the review of this application. ***If soil data is not available on file for this application, you will need to schedule an appointment with the Health District for soil test data collection.*** Please provide the proper equipment to conduct the soil test data collection (i.e. machine to excavate test pit(s) and water to conduct percolation test(s)). An additional fee is required for this testing. Please schedule soil test data collection as soon as possible to avoid delays in processing your application.

Owner or Applicant Signature: Melinda R Bradbury, Walter Bradbury **Date:** 2/12/24

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