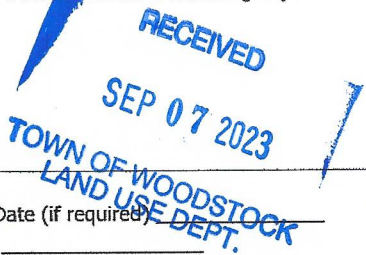


Town of Woodstock
 Inland Wetlands and Watercourses Agency
Application for Permit



For Agency Use Only	
Application Number <u>09-23-04</u>	Public Hearing Date (if required) _____
Application Fee <u>\$95</u> Paid <input checked="" type="checkbox"/>	Date of Receipt _____
Date Filed <u>09-07-23</u>	Decision/Date _____

Applicant Instructions:

1. Please **Read** the Inland Wetlands and Watercourses Regulations.
2. Applicants may and are encouraged to hold a pre-application meeting with the Inland Wetlands Agent to examine the scope of a proposed activity or to determine if the proposed activity involves a "Significant Impact Activity" as defined in the Town of Woodstock Inland Wetlands and Watercourses Regulations.
3. Two (2) copies of all applicable completed application materials shall be submitted unless otherwise directed in writing by the Agency or its designated agent.
4. All sections of the application **MUST** be completed and submitted in order for the application to be deemed complete.

A.	
1. Property address/geographical location of the site (map, block, lot):	76 OAK HILL LANE - MAP 5286, BLOCK 3, LOT 10
2. Name of applicant:	SANDRA SKEFFINGTON
3. Home Address:	PO BOX 743, WOODSTOCK, CT 06281
4. Business address:	N/A
5. Telephone: Home	774 230 6002 Business
6. Applicant's interest in the property:	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Lessor <input type="checkbox"/> Other (explain)
7. Name of property owner (if not applicant):	
8. Home address:	
9. Business address:	
10. Telephone: Home	Business Fax
B.	The purpose and description of the proposed activity and proposed erosion and sedimentation controls. REMOVAL OF EXISTING COTTAGE ON PIERS, CONSTRUCTION OF NEW "A" FRAME COTTAGE WITH FROST WALL FOUNDATION. SILT FENCE BETWEEN ACTIVITY AND WETLAND. If additional space is needed, add and (Label Exhibit B) (SEE SITE PLAN)

Town of Woodstock Inland Wetlands and Watercourses Agency: **Application for Permit**

C. The geographical location of the property which is to be affected by the proposed activity, including but not limited to a description of the land in sufficient detail to allow identification of the inland wetlands and watercourses, and buffer area, a computation of the area(s) in acres or square feet of wetland or watercourses disturbance, soil type(s) and vegetation <i>(Label: Exhibit C)</i> SEE SITE PLAN	
D. Alternatives considered by the applicant and why the proposal to alter wetlands set forth in the application was chosen. These alternatives shall be diagramed on a site plan or drawing and submitted to the Agency as part of the application <i>(Label: Exhibit D)</i> N/A	
E. A site plan showing existing and proposed conditions in relation to wetlands and watercourses and identifying any further activities associated with, or reasonably related to, the proposed regulated activity which are made inevitable by the proposed regulated activity and which may have an impact on wetlands or watercourses <i>(Label: Exhibit E)</i>	
F. Names and mailing addresses of adjacent property owners <i>(Label: Exhibit F)</i>	
G. Authorization for the members and Agents of the Agency to inspect the property, at reasonable times, both before and after a final decision has been issued <i>(Label: Exhibit G)</i> SEE PAGE 3	
H. A completed DEP reporting form; the agency shall revise or correct the information provided by the applicant and submit the form to the Commissioner of Environmental Protection in accordance with Section 22a-39-14 of the regulations of Connecticut state agencies <i>(Exhibit H)</i>	
I. Submission of the appropriate filing fee based on the fee schedule established in Article Eleven (11) of these Regulations.	
J. Applicant certification that <i>(Exhibit J)</i> : SEE PAGE 3	
1.	Any portion of the property on which the regulated activity is proposed is not located within five-hundred (500) feet of the boundary of an adjoining municipality;
2.	Traffic attributable to the completed project on the site will not use streets within the adjoining municipality to enter or exit the site;
3.	Sewer or water drainage from the project site will not flow through and impact the sewage or drainage system within the adjoining municipality; or
4.	Water run-off from the improved site will not impact the streets or other municipal or private property within the adjoining municipality.
K. Certification that the applicant is familiar with all the information provided in the application and is aware of the penalties for obtaining a permit through deception or through inaccurate or misleading information <i>(Exhibit K)</i> SEE PAGE 3	
L. Any other information the Agency deems necessary to the understanding of what the applicant is proposing <i>(Exhibit(s) L)</i>	
M. Significant Impact Activities If the proposed activity involves a significant impact activity as determined by the Agency and defined in Article 6 of these Regulations the applicant must provide the following additional information: N/A	

Watershed or Aquifer Area Project Notification Form

REQUIREMENT:

Within seven days of filing, all applicants before a municipal Zoning Commission, Planning and Zoning Commission, Zoning Board of Appeals or Inland Wetlands Commission for any project located within a public water supply aquifer or watershed area are required by Public Act No. 06-53 of the CT General Statutes to notify The Commissioner of Public Health and the project area Water Company of the proposed project by providing the following information.

To determine if your project falls within a public water supply aquifer or watershed area visit the appropriate town hall and look at their *Public Drinking Water Source Protection Areas* map. If your project falls completely within or contain any part of a public water supply aquifer or watershed you are required to complete the following information.

Note: You will need information obtained from the *Public Drinking Water Source Protection Areas* map located in the appropriate town hall to complete this form.

Step 1: Have you already notified the CT Department of Public Health (CTDPH) of this project?

No, Go to Step 2

Yes, I have notified DPH under a different project name - Complete steps 4-6

Yes, same name different year - Notification Year _____ Complete steps 4-6

Step 2:

1. Name of public water supply aquifer your project lies within: _____

2. Name of the public water supply watershed your project lies within: PUTNAM WATER POLLUTION CONTROL AUTHORITY

3. Public Water Supply Identification number (PWSID) for the water utility: CT 1160011

Step 3: For 1-5 Check all that apply

1. My project is proposing:

Industrial use; Commercial use; Agricultural use; Residential use;

Recreational use; Transportation improvements; Institutional (school, hospital, nursing home, etc.);

Quarry/Mining; Zone Change, Please Describe: _____

Other, Please describe: _____

2. The total acreage of my project is:

Less than or equal to 5 acres Greater than 5 acres

3. My project site contains, abuts or is within 50 feet of a:

Wetland; Stream; River; Pond or Lake

4. Existing use of my project site is:

Grassland/meadow; Forested; Agricultural; Transportation; Institutional (school, hospital, nursing home, etc.); Residential; Commercial; Industrial; Recreational; Quarry/Mining

Other Please Describe: _____

5. My project will utilize:

septic system; existing public sewer; new public sewer; agricultural waste facility;

existing private well; new private well; existing public water supply;

new public water supply, if new have you applied for a certificate of public convenience and necessity from DPH? Yes No

6. My project will contain this percentage of built up area (buildings, parking, road/driveway, pool): Less than or equal to 20% Greater than 20% to 50% Greater than 50%

Step: 4 Applicants Contact Information:

Name: SANDRA SKEFFINGTON

E-mail address: MISSSKEFFINGTON@AOL.COM

Telephone: 774 230 6002

Fax number: _____

Step 5: Please provide the following if available:

Project name: _____

Project site address: 76 OAK HILL LANE

Town: WOODSTOCK

Project site nearest intersection: LEBANON HILL ROAD

Project site latitude and longitude: 42.0254, -72.0305

E-mail completed form to dph.swpmail@ct.gov

http://www.ct.gov/dph/lib/dph/drinking_water/pdf/Watershed_or_Aquifer_Area_Project_Notification_Form.pdf



Inland Water Resources Division
 Department of Environmental Protection
 79 Elm Street, 3rd Floor
 Hartford, CT 06106-5127
www.ct.gov/dep

GIS CODE #: _____
 For DEP Use Only

Statewide Inland Wetlands & Watercourses Activity Reporting Form

Complete, print, sign, and mail this form in accordance with the instructions on pages 2 and 3.

PART I: To Be Completed By The Municipal Inland Wetlands Agency Only

1. DATE ACTION WAS TAKEN (use drop-down box): Year Month
2. ACTION TAKEN (use drop-down box):
3. WAS A PUBLIC HEARING HELD? (select one only) Yes No
4. NAME OF AGENCY OFFICIAL VERIFYING AND COMPLETING THIS FORM:
 (print): _____ (signature) _____

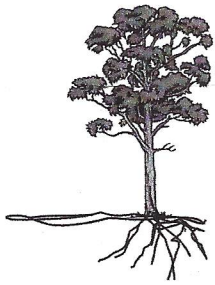
PART II: To Be Completed By The Municipal Inland Wetlands Agency Or The Applicant

5. TOWN IN WHICH THE ACTION IS OCCURRING: WOODSTOCK
 Does this project cross municipal boundaries? (select one only) Yes No
 If Yes, list the other town(s) in which the action is occurring:
6. LOCATION: USGS Quad Map Name (see hyperlink): SOUTHBRIDGE
Quad Number (see hyperlink): 11
Subregional Drainage Basin Number (see hyperlink): 3708
7. NAME OF APPLICANT, VIOLATOR OR PETITIONER: SANDRA SKEFFINGTON
8. NAME & ADDRESS/LOCATION OF PROJECT SITE: 76 OAK HILL LANE

 Briefly describe the action/project/activity: Temporary Permanent
 REMOVAL AND CONSTRUCTION OF SINGLE FAMILY DWELLING
9. ACTIVITY PURPOSE CODE (Use drop-down box): A
10. ACTIVITY TYPE CODE(S) (Use drop-down box) 1 , 2 , 12 , 14
11. WETLAND / WATERCOURSE AREA ALTERED [must be provided in acres or linear feet as indicated]:
 Wetlands: 0 acres Open Water Body: 0 acres Stream: 0 linear feet
12. UPLAND REVIEW AREA ALTERED [must be provided in acres]: 0.3 acres
13. AREA OF WETLANDS AND / OR WATERCOURSES RESTORED, ENHANCED OR CREATED: 0 acres
 [must be provided in acres]

PART III: To Be Completed By The DEP

- DATE RECEIVED: _____ DATE RETURNED TO DEP: _____
 FORM COMPLETED: YES NO FORM CORRECTED / COMPLETED: YES NO



JOSEPH R. THEROUX

~ CERTIFIED FORESTER / SOIL SCIENTIST ~
PHONE 860-428-7992 ~ FAX 860-376-6842
426 SHETUCKET TURNPIKE, VOLUNTOWN, CT. 06384
FORESTRY SERVICES ~ ENVIRONMENTAL IMPACT ASSESSMENTS
WETLAND DELINEATIONS AND PERMITTING ~ E&S/SITE MONITORING
WETLAND FUNCTION AND VALUE ASSESSMENTS

8/18/2023

P.C. SURVEY ASSOC. LLC.
63 SNAKE MEADOW HILL RD.
KILLINGLY, CT. 06239

ATTN: MR. PAUL TERWILLIGER

RE: 76 OAK HILL LANE WETLAND DELINEATION

DEAR MR. TERWILLIGER,

AT YOUR REQUEST I HAVE DELINEATED THE INLAND WETLANDS AND WATERCOURSE ON THE ABOVE REFERENCED PROPERTY.

THESE WETLANDS HAVE BEEN DELINEATED IN ACCORDANCE WITH THE STANDARDS OF THE NATIONAL COOPERATIVE SOIL SURVEY AND THE DEFINITIONS OF WETLANDS AS FOUND IN THE CONNECTICUT STATUTES, CHAPTER 440, SECTION 22A-38.

FLUORESCENT PINK FLAGS WITH A CORRESPONDING LOCATION NUMBER DELINEATE THE BOUNDARY BETWEEN THE UPLAND SOILS AND THE INLAND WETLANDS/WATERCOURSE.

FLAG NUMBERS WF-1 THROUGH WF-13 DELINEATE THE HIGH WATER MARK OF MUDDY BROOK POND AND ITS ADJACENT WETLAND SOILS.

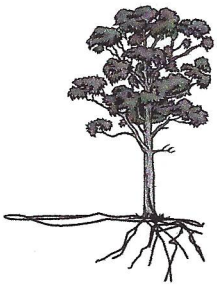
THESE WETLAND SOILS HAVE FORMED FROM THE PROLONGED WETNESS FROM THE HIGH SEASONAL WATER TABLES AND GROUND WATER BREAKOUT. THEY ARE CHARACTERIZED BY ORGANIC TOPSOIL HORIZONS, SHALLOW REDOXIMORPHIC FEATURES AND LOW CHROMA COLORS WITHIN 20 INCHES OF THE SOIL SURFACE.

IN CONCLUSION, IF YOU HAVE ANY QUESTIONS CONCERNING THE DELINEATION OR THIS REPORT, PLEASE FEEL FREE TO CONTACT ME.

THANK YOU,

Joseph R. Theroux

JOSEPH R. THEROUX
CERTIFIED SOIL SCIENTIST
MEMBER SSSSNE, NSCSS, SSSA.



JOSEPH R. THEROUX

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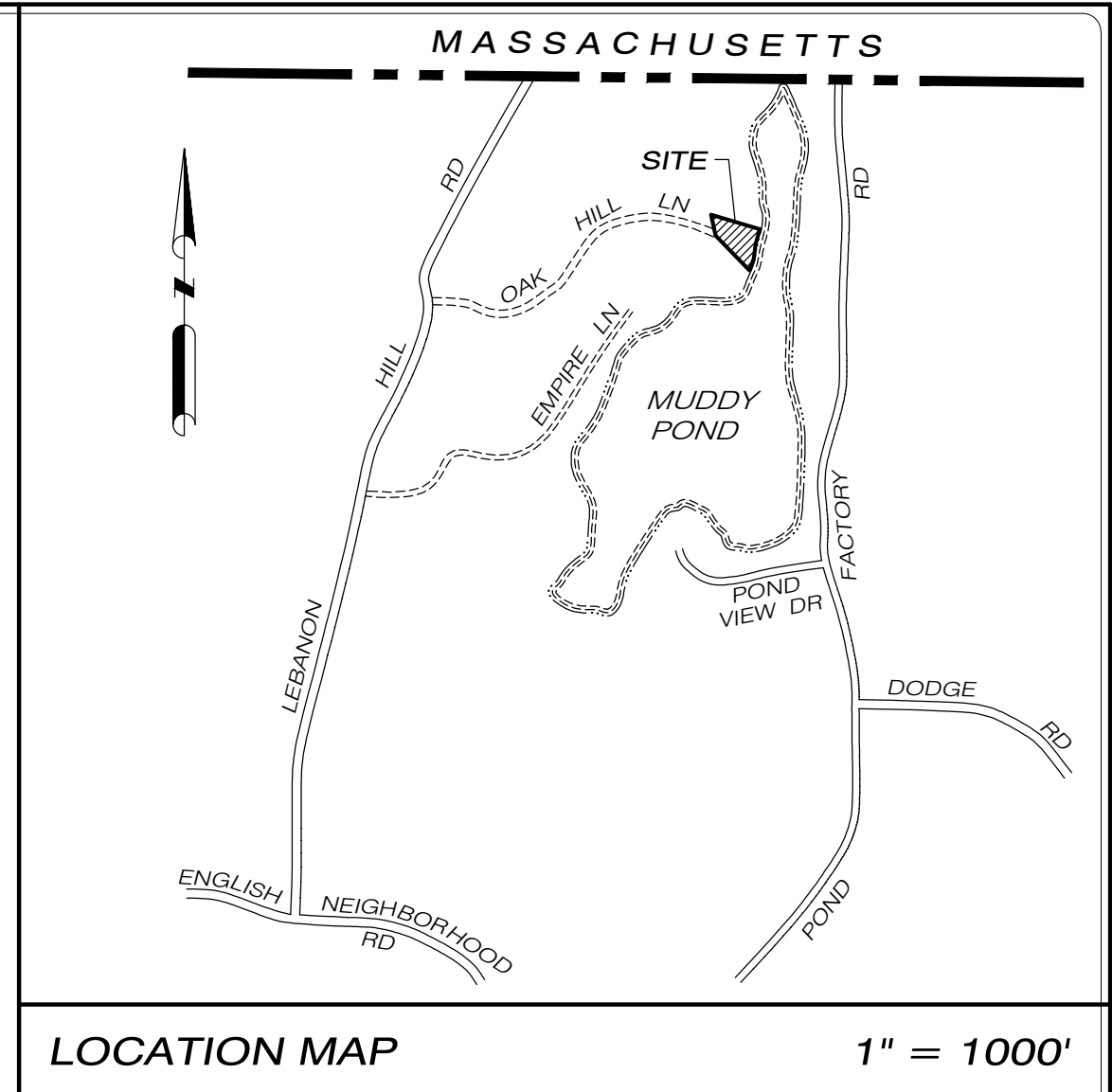
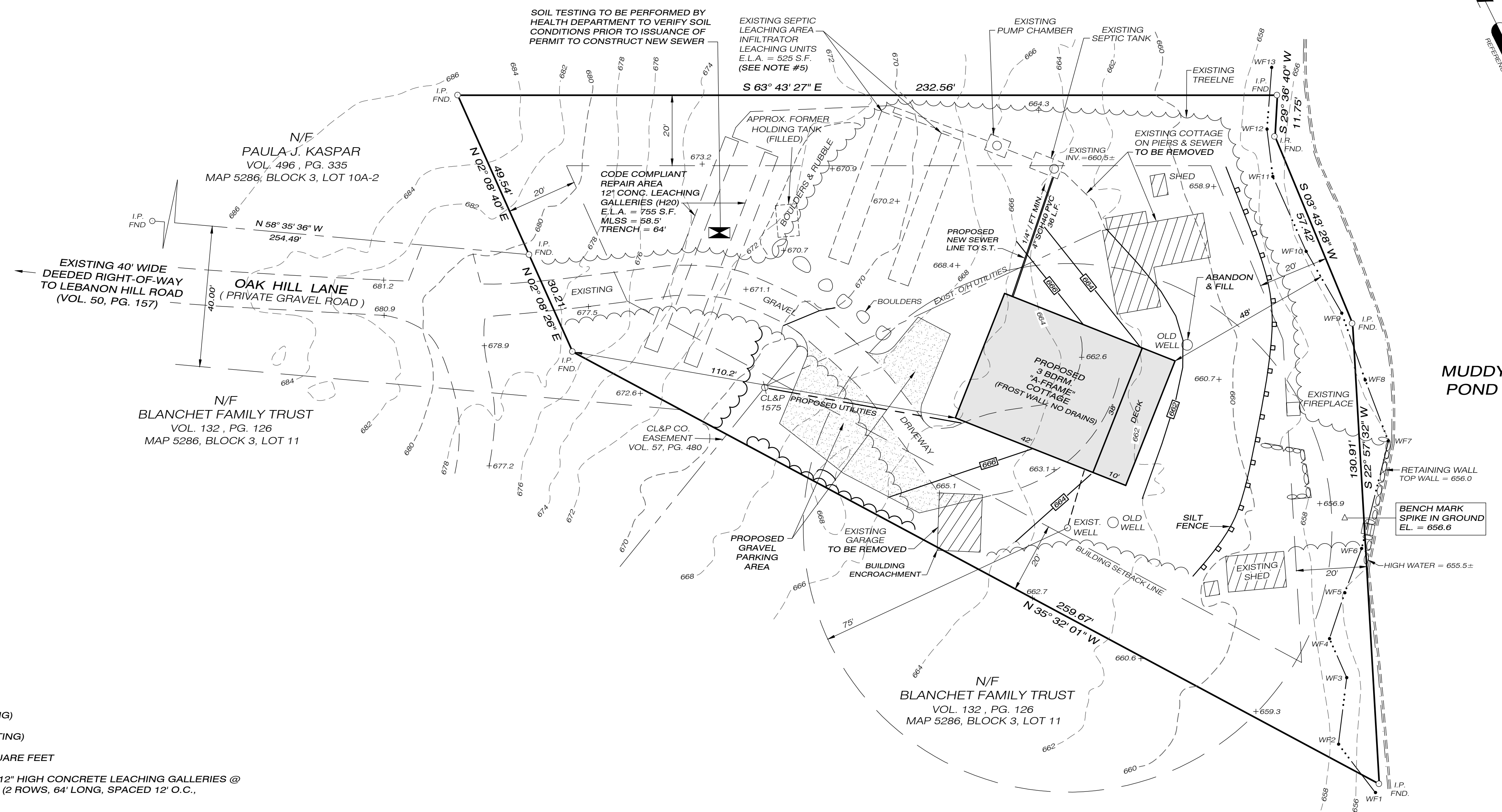
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Joseph R. Theroux

JOSEPH R. THEROUX
CERTIFIED SOIL SCIENTIST
MEMBER SSSSNE, NSCSS, SSSA.

LOT AREA = 0.69± ACRES
30,058± SQ. FT.

N/F
PAULA J. KASPAR
VOL. 496, PG. 335
MAP 5286, BLOCK 3, LOT 10A-2



- NOTES:
- THIS MAP AND SURVEY HAVE BEEN PREPARED IN ACCORDANCE WITH SECTIONS 20-300b-1 THRU 20-300b-20 OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES - "STANDARDS FOR SURVEYS AND MAPS IN THE STATE OF CONNECTICUT", AS ADOPTED BY THE CONNECTICUT ASSOCIATION OF LAND SURVEYORS, INC. IT IS AN IMPROVEMENT LOCATION SURVEY BASED ON A RESURVEY CONFORMING TO HORIZONTAL ACCURACY CLASS "A2", TOPOGRAPHIC FEATURES DEPICTED WITHIN AREA OF LOT DEVELOPMENT CONFORM TO TOPOGRAPHIC ACCURACY CLASS T-2. TOPOGRAPHIC FEATURES OUTSIDE AREA OF DEVELOPMENT WERE DERIVED FROM NOAA LIDAR DATA AND CONFORM TO TOPOGRAPHIC ACCURACY CLASS T-1. D. VERTICAL DATUM IS APPROXIMATE NAVD83, CONTOUR INTERVAL = 2 FEET. THE PURPOSE OF THIS MAP AND SURVEY IS TO DEPICT THE LOCATION OF PROPOSED IMPROVEMENTS FOR PERMITTING.
 - REFERENCE IS MADE TO THE FOLLOWING MAPS:
 - A. "RESUBDIVISION OF LAND OWNED BY CAROL E. WALBERG - LEBANON HILL ROAD - WOODSTOCK, CONNECTICUT - SCALE: 1 IN. = 80 FT. - DATE: AUGUST 22, 1983 - ALBERT L. FITZBACK, R.L.S. - PUTNAM, CONNECTICUT"
 - B. "SEPTIC SYSTEM REPAIR INSTALLATION / PLOT PLAN PREPARED FOR: DENIS CASABON - 76 OAK HILL LANE - WOODSTOCK, CONNECTICUT - DATE: 11/95 - SCALE: 1"=20' - MESSIER & ASSOCIATES, INC."
 - C. "LAND SITUATED IN WOODSTOCK, CONN. BEING A PORTION OF THE BRADFORD PASTURE BEING CONVEYED TO JOHN B. DRAGON, JR. BY DORA RACICOT - APRIL 15, 1947 - H.A. RACICOT, ENG."
 - SUBJECT PARCEL IS SHOWN AS MAP 5286, BLOCK 3, LOT 10 OF THE WOODSTOCK ASSESSOR'S RECORDS.
 - DEED REFERENCE: VOL. 559, PG. 118 OF THE WOODSTOCK LAND RECORDS.
 - SEE REFERENCE MAP "B" FOR INFORMATION ABOUT THE EXISTING SEPTIC SYSTEM AND CRITERIA FOR THE REPAIR AREA. EXISTING SEPTIC SYSTEM LOCATION IS BASED ON AS-BUILT INFORMATION ON FILE WITH THE NORTHEAST DISTRICT DEPARTMENT OF HEALTH. REFERENCE FILE NO. 96000127.
 - WETLANDS WERE FIELD DELINEATED BY JOSEPH R. THEROUX, CPSS ON 8/16/2023.
 - AREA OF DISTURBANCE = 0.3± ACRES.
 - PROPOSED STRUCTURE IS NOT LOCATED WITHIN FEMA 100-YEAR FLOOD ZONE "A".

REPAIR AREA DESIGN CRITERIA

PERC RATE: 10.1-20 MINS/INCH

NUMBER OF BEDROOMS: 3

SEPTIC TANK: 1000 GALLON (EXISTING)

PUMP CHAMBER: 600 GALLON (EXISTING)

LEACHING AREA REQUIRED: 675 SQUARE FEET

LEACHING AREA PROVIDED: 128' OF 12" HIGH CONCRETE LEACHING GALLERIES @ 5.9 S.F. / L.F. = 755.2 SQUARE FEET, (2 ROWS, 64' LONG, SPACED 12' O.C., PUMPED, IN SERIES)

MOTTLING: 36", LEDGE: n/a, WATER: n/a

MLSS CALCULATION: SLOPE: 6.1-8%, RESTRICTIVE LAYER: 36" (HF=26)

3 BEDROOMS (FF=1.5)

PERC. RATE: 10.1-20 MIN./INCH (PF=1.5)

MLSS = (HF)(FF)(PF) = 26 x 1.5 x 1.5 = 58.5' L.F.

MLSS PROVIDED: 64' L.F.

MAXIMUM DEPTH INTO EXISTING GRADE: 18"

SPECIFICATIONS

SEPTIC SYSTEM INSTALLATION SHALL BE IN ACCORDANCE WITH THE "CONNECTICUT PUBLIC HEALTH CODE REGULATIONS AND TECHNICAL STANDARDS FOR SUBSURFACE SEWAGE DISPOSAL SYSTEMS".

SEPTIC TANK: EXISTING 1000 GALLON CONCRETE TWO-COMPARTMENT TANK WITH RISER & COVER OVER TANK CLEANOUT.

PUMP CHAMBER: EXISTING 600 GALLON CONCRETE TANK WITH ACCESS RISOR & COVER AT GRADE.

DISTRIBUTION BOXES: EXISTING

NEW HOUSE AND EFFLUENT SEWER PIPE: 4" PVC ASTM D 1785, ASTM D 2665, OR ASTM F 1760 SCHEDULE 40 WITH RUBBER COMPRESSION GASKETS OR PVC AWWA C-900 WITH RUBBER COMPRESSION GASKETS.

DISTRIBUTION: 2 ROWS OF 12" CONCRETE LEACHING GALLERIES (H20 LOAD RATED) IN SERIES.

POLYLOK PIPE SEAL AS MANUFACTURED BY SUPERIOR SEPTIC TANKS (OR EQUAL) SHALL BE USED TO SEAL SEPTIC TANK AND D-BOX INLETS AND OUTLETS.

BOTTOM OF TRENCHES TO BE LEVEL.

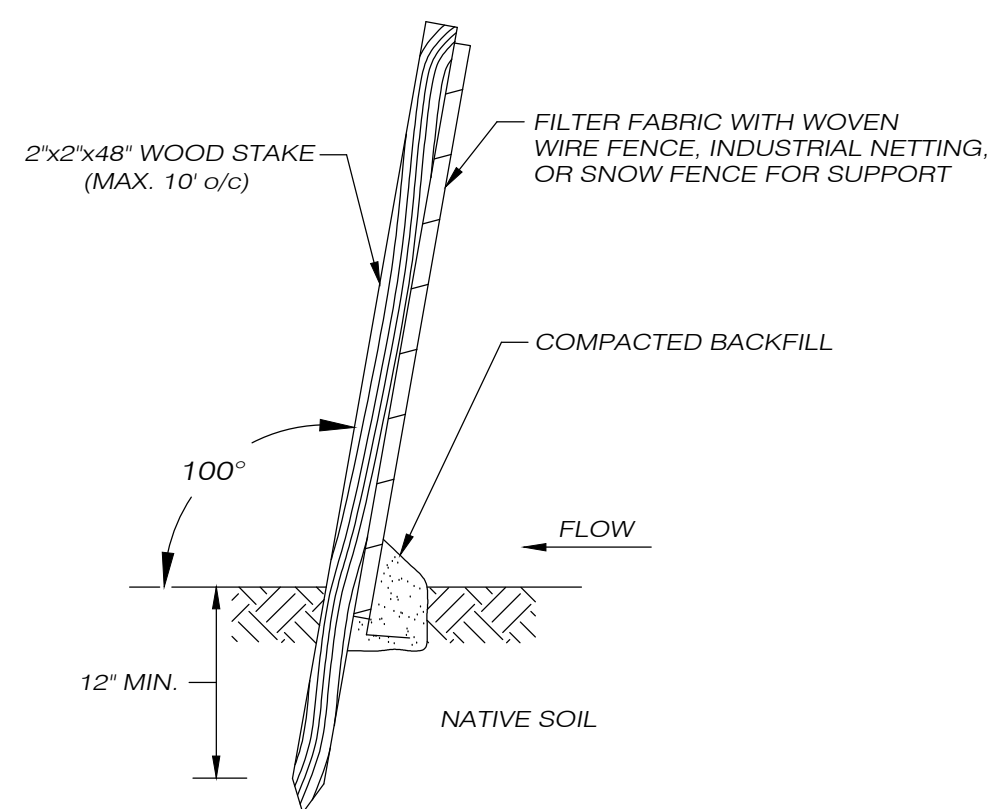
ALL FILL SHALL BE CLEAN BANK RUN GRAVEL, MEETING THE FOLLOWING REQUIREMENTS OF THE CT DEPT. OF PUBLIC HEALTH: MAX. PERCENT GRAVEL (PLUS NO. 4 SIEVE MATERIAL) - 45% GRADATION ON FILL LESS GRAVEL:

SIEVE	DRY PERCENT PASSING	WET PERCENT PASSING
NO. 4	100	100
NO. 10	70-100	70-100
NO. 40	10-75	10-50*
NO. 100	0-5	0-20
NO. 200	0-2.5	0-5

* PERCENT PASSING THE #40 SIEVE CAN BE INCREASED TO NO GREATER THAN 75% IF THE PERCENT PASSING THE #100 SIEVE DOES NOT EXCEED 10% AND THE #200 SIEVE DOES NOT EXCEED 5%

FILL MUST PERC AT A RATE EQUAL TO OR FASTER THAN THE UNDERLYING SOIL.

UNDERGROUND UTILITY LOCATIONS ARE TO BE MARKED IN THE FIELD PRIOR TO ANY EXCAVATION
"CALL BEFORE YOU DIG" 1 800 922 4455 OR 811



SILT FENCE DETAIL
NOT TO SCALE

- SILT FENCE INSTALLATION AND MAINTENANCE:**
- DIG A 6" DEEP TRENCH ON THE UPHILL SIDE OF THE BARRIER LOCATION.
 - POSITION THE POSTS ON THE DOWNHILL SIDE OF THE BARRIER AND DRIVE THE POSTS 1.5 FEET INTO THE GROUND.
 - LAY THE BOTTOM 6" OF THE FABRIC IN THE TRENCH TO PREVENT UNDERMINING AND BACKFILL.
 - INSPECT AND REPAIR BARRIER AFTER HEAVY RAINFALL.
 - INSPECTIONS WILL BE MADE AT LEAST ONCE PER WEEK AND WITHIN 24 HOURS OF THE END OF A STORM WITH A RAINFALL AMOUNT OF 0.5 INCH OR GREATER TO DETERMINE MAINTENANCE NEEDS.
 - SEDIMENT DEPOSITS ARE TO BE REMOVED WHEN THEY REACH A HEIGHT OF 1 FOOT BEHIND THE BARRIER OR HALF THE HEIGHT OF THE BARRIER AND ARE TO BE DEPOSITED IN AN AREA WHICH IS NOT REGULATED BY THE INLAND WETLANDS COMMISSION.
 - REPLACE OR REPAIR THE FENCE WITHIN 24 HOURS OF OBSERVED FAILURE. FAILURE OF THE FENCE HAS OCCURRED WHEN SEDIMENT FAILS TO BE RETAINED BY THE FENCE BECAUSE:
 - THE FENCE HAS BEEN OVERTOPPED, UNDERCUT OR BYPASSED BY RUNOFF WATER.
 - THE FENCE HAS BEEN MOVED OUT OF POSITION, OR
 - THE GEOTEXTILE HAS DECOMPOSED OR BEEN DAMAGED.

THIS IS A DIGITAL COPY OF AN ORIGINAL MAP AND AS SUCH IS SUBJECT TO POTENTIAL MANIPULATION OR CHANGE BY OTHERS. THEREFORE, NO CERTIFICATION IS EXPRESSED OR IMPLIED AS TO ITS ACCURACY TO THE END USER.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS MAP IS SUBSTANTIALLY CORRECT AS NOTED HEREON.

PAUL A. TERWILLIGER, L.S. NO. 70155
DATE: 8/22/2023

NO CERTIFICATION IS EXPRESSED OR IMPLIED UNLESS THIS MAP BEARS THE EMBOSSED SEAL OF THE LAND SURVEYOR WHOSE SIGNATURE APPEARS HEREON.

IMPROVEMENT LOCATION SURVEY

PLAN SHOWING
PROPOSED COTTAGE
PREPARED FOR
SANDRA A. SKEFFINGTON

76 OAK HILL LANE
WOODSTOCK, CONNECTICUT

DATE: AUGUST 2023
SCALE: 1" = 20'

63 SNAKE MEADOW RD
KILLINGLY, CT 06239
860 774 6230

SHEET NO: 1 OF 1
REVISED:

JOB NO: 23018 | F.B. NO: 232 | DRAWN BY: P.A.T. | MAP NO:

Town of Woodstock
Inland Wetlands and Watercourses Agency
Application for Permit

For Agency Use Only

Application Number _____	Public Hearing Date (if required) _____
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Town of Woodstock Inland Wetlands and Watercourses Agency: **Application for Permit**

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M. Significant Impact Activities If the proposed activity involves a significant impact activity as determined by the Agency and defined in Article 6 of these Regulations the applicant must provide the following additional information: N/A	

Town of Woodstock Inland Wetlands and Watercourses Agency: **Application for Permit**

1.	Site plans for the proposed use or operation and the property which will be affected, which show existing and proposed conditions, wetland and watercourse boundaries, land contours, boundaries of land ownership, proposed alterations and uses of wetlands and watercourses, and other pertinent features of the development drawn by a Licensed Surveyor, Professional Engineer, or Landscape Architect registered in the State of Connecticut or by such other qualified person
2.	Engineering reports and analysis and additional drawings to fully describe the proposed project and any filling, excavation, drainage or hydraulic modifications to watercourses and proposed erosion and sedimentation control plan
3.	Mapping of soil types consistent with the categories established by the National Cooperative Soil Survey of the U. S. Soil Conservation Service (the Agency may require the applicant to have the wetlands delineated in the field by a Soil Scientist and have the field delineation incorporated onto the site plan)
4.	Description of the ecological communities and functions of the wetlands or watercourses involved with the application and the effects of the proposed regulated activities on these communities and wetland functions
5.	Description of how the applicant will change, diminish, or enhance the ecological communities and functions of the wetlands or watercourses involved in the application, and with each alternative, and a description of why each alternative considered was deemed neither feasible nor prudent
6.	Analysis of chemical or physical characteristics of any fill material
7.	Management practices and other measures which mitigate the impact of the proposed activity

NOTE: An application that requires local Inland Wetlands approval may also be regulated by the Federal Government under the Clean Water Act which is administered by the U. S. Army Corps of Engineers. Obtaining federal and/or state permits is a responsibility of the applicant as are any fines, penalties, and delays due to the applicant's failure to seek permits or to question their applicability to the proposed activity.

Department of the Army Corps of Engineers 696 Virginia Road Concord, MA. 01742-2751 Phone: 1-800-343-4789	State of Connecticut – D.E. E.P. Inland Water Resources Division 79 Elm Street Hartford, CT. 06106-5127 Phone: (860) 424-3019
---	---

The undersigned applicant hereby consents to necessary and proper inspections of the above mentioned property by Agents of the Inland Wetlands Agency, at reasonable times, both before and after the permit in question has been granted by the Agent and /or the Agency.

The undersigned swears that the information supplied in the completed application is accurate, to the best of his knowledge and belief.

X

Signature of Applicant

Date Application Filed

**EXHIBITS G, J, K:
BY SIGNING THIS APPLICATION, THE APPLICANT CERTIFIES TO ITEMS G, J1,J2,J3,J4 AND K ABOVE.**

Commission Action and Date: _____



Statewide Inland Wetlands & Watercourses Activity Reporting Form

Pursuant to section 22a-39(m) of the General Statutes of Connecticut and section 22a-39-14 of the Regulations of Connecticut State Agencies, Municipal Inland Wetlands Agencies (here after called the Agency) **must** complete the Statewide Inland Wetlands & Watercourses Activity Reporting Form for **each** action taken by such agency.

This form may be made part of a municipality's inland wetlands application package. If the municipality chooses to do this, it is recommended that a copy of the Town and Quadrangle Index of Connecticut and a copy of the municipality's subregional drainage basin map be included in the package as well.

Please remember, the Agency is responsible for ensuring that the information provided is accurate and that it reflects the **final** action of the Agency. Incomplete or incomprehensible forms will be mailed back to the Agency. Instructions for completing the form are located on the following page.

The Agency shall mail completed forms for actions taken during a calendar month no later than the 15th day of the following month to the Department of Environmental Protection (DEP). **Do not** mail this cover page or the instruction page. **Please print and mail only the completed yellow reporting form to:**

WETLANDS MANAGEMENT SECTION
INLAND WATER RESOURCES DIVISION
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET 3RD FLOOR
HARTFORD, CT 06106

Questions may be directed to the DEP's Wetlands Management Section at (860) 424-3019.

Instructions For Completing
THE STATEWIDE INLAND WETLANDS & WATERCOURSES ACTIVITY REPORTING FORM

PART I: To Be Completed By Agency Only

Please note: a) Incomplete or incomprehensible forms will be mailed back to the Agency; b) Use a separate form to report each action taken by the Agency; c) Utilize the instructions below and fill in the fields on page 4; d) Print, sign, and send to CT-DEP, Wetlands Management Section.

1. Enter the year and month the Agency took the action being reported.
2. Enter **ONE** code letter to describe the final action or decision taken by the Agency. *Do not submit a reporting form for withdrawn applications.* Do not enter multiple code letters (for example: if an enforcement notice was given and subsequent permit issued - two forms for the two separate actions are to be completed).
 - A = A Permit Granted by the Agency (*not including map amendments, see code D below*)
 - B = Any Permit Denied by the Agency
 - C = A Permit Renewed or Amended by the Agency
 - D = A Map Amendment to the Official Town Wetlands Map - or -
An Approved/Permitted Wetland or Watercourse Boundary Amendment to a Project Site Map
 - E = An Enforcement Notice of Violation, Order, Court Injunction, or Court Fines
 - F = A Jurisdictional Ruling by the Agency (i.e.: activities "permitted as of right" or activities considered non-regulated)
 - G = An Agent Approval pursuant to CGS section 22a-42a(c)(2)
 - H = An Appeal of Agent Approval pursuant to CGS section 22a-42a(c)(2)
3. Check "Yes" if a public hearing was held in regards to the action taken; otherwise check "No".
4. Enter the name of the Agency official verifying that the information provided on this form is accurate and that it reflects the **FINAL** action of the Agency.

PART II: To Be Completed By The Agency Or The Applicant - If Part II is completed by the applicant, the **applicant must return the form** to the Agency. The Agency must ensure that the information provided is accurate and that it reflects the **FINAL** action of the Agency.

5. Enter the name of the municipality for which the Agency has jurisdiction and in which the action/project/activity is occurring.

Check "Yes" if the action/project/activity crosses municipal boundaries and enter the name(s) of the other municipality(ies) where indicated. Check "No" if it does not cross municipal boundaries.
6. Enter the USGS Quad Map name and number (1 through 115) as found on the Connecticut Town and Quadrangle Index Map (the directory to all USGS Quad Maps) that contains the location of the action/project/activity. See reverse side of the reporting form for the Connecticut Town and Quadrangle Index Map or at: (www.ct.gov/dep/lib/dep/gis/resources/Index_NamedQuadTown.pdf)

ALSO enter the four-digit identification number of the corresponding Subregional Drainage Basin in which the action/project/activity is located. If the action/project/activity is located in more than one subregional drainage basin, enter the number of the basin in which the majority of the action/project/activity is located. A town subregional drainage basin map has been mailed to each Agency. Further, sub-regional drainage basin maps can be found at UCONN-CLEAR (www.clear.uconn.edu/data/map_set/index.htm) for each town in an easy to understand format.
7. Enter the name of the individual applying for, petitioning, or receiving the action.
8. Enter the name and address or location of the action/project/activity site. Also provide a brief description of the action/project/activity. Select if the action/project/activity impacts are **TEMPORARY** or **PERMANENT** in nature.

9. **CAREFULLY REVIEW** the list below and enter **ONE** code letter which best characterizes the action/project/activity. All state agency projects must code "N".

A = Residential Improvement by Homeowner	I = Storm Water / Flood Control
B = New Residential Development for Single Family Units	J = Erosion / Sedimentation Control
C = New Residential Development for Multi-Family / Condos	K = Recreation / Boating / Navigation
D = Commercial / Industrial Uses	L = Routine Maintenance
E = Municipal Project	M = Map Amendment
F = Utility Company Project	N = State Agency Project
G = Agriculture, Forestry or Conservation	P = Other (this code includes the approval of
H = Wetland Restoration, Enhancement, Creation	concept plans with no-on-the-ground work)

10. Enter between one and four codes to best characterize the project or activity being reported. Enter "NA" if this form is being completed for the action of map amendment. You must provide code 12 if the activity is located in an established upland review area (buffer, setback). You must provide code 14 if the activity is located **BEYOND** the established upland review area (buffer, setback) or **NO** established upland review area (buffer, setback) exists.

1 = Filling	8 = Underground Utilities (no other activities)
2 = Excavation	9 = Roadway / Driveway Construction
3 = Land Clearing / Grubbing (no other activity)	10 = Drainage Improvements
4 = Stream Channelization	11 = Pond, Lake Dredging / Dam Construction
5 = Stream Stabilization (includes lakeshore stabilization)	12 = Activity in an Established Upland Review Area
6 = Stream Clearance (removal of debris only)	14 = Activity in Upland
7 = Culverting (not for roadways)	

Examples: Jurisdictional ruling allowing construction of a parking lot in an upland where the municipality *does not* have an established upland review area must use code 14, other possible codes are 2 and 10. Permitted construction of a free standing garage (residential improvement by homeowner) partially in an established upland review area with the remainder in the upland must use code 12 and 14, other possible codes are 1 and 2. Permitted dredging of a pond must use code 11, other possible codes are 12 and 5.

11. Leave blank for **TEMPORARY** alterations but please indicate action/project/activity is temporary under question #8 on the form (description). For **PERMANENT** alterations, enter in acres the area of wetland soils or watercourses altered. Include areas that are permanently altered, or are proposed to be, for all agency permits, denials, amendments, and enforcement actions. For those activities that involve filling or dredging of lakes, ponds or similar open water bodies enter the acres filled or dredged under "open water body". For those activities that involve directly altering a linear reach of a brook, river, lakeshore or similar linear watercourse, enter the total linear feet altered under "stream". Remember that these figures represent only the acreage altered not the total acreage of wetlands or watercourses on the site. You **MUST** provide all information in **ACRES** (or linear feet as indicated) including those areas less than one acre. To convert from square feet to acres, divide square feet by the number 43,560. Enter zero if there is no alteration.
12. Enter in acres the area of upland altered as a result of an **ACTIVITY REGULATED BY** the Agency, or as a result of an **AGENT APPROVAL** pursuant to 22a-42a(c)(2). Leave blank for **TEMPORARY** alterations but please indicate action/project/activity is temporary under question #8 on the form (description). Include areas that are permanently altered, or proposed to be permanently altered, for all agency permits, denials, amendments, and enforcement actions. Inland wetlands agencies may have established an upland review area (also known as a buffer or setback) in which activities are regulated. Agencies may also regulate activities beyond these established areas. You **MUST** provide all information in **ACRES** including those areas less than one acre. To convert from square feet to acres, divide square feet by the number 43,560. Enter zero if there is no alteration. Remember that these figures represent only the upland acreage altered as a result of an activity regulated by the Agency, or as a result of an agent approval.
13. Enter the acres that are, or are proposed to be, restored, enhanced or created for all agency permits, denials, amendments, and enforcement actions. **NOTE:** "restored" or "enhanced" applies to previously existing wetlands or watercourses. "Created" applies to a non-wetland or non-watercourse area which is converted into wetlands or watercourses (question #10 must provide 12 and/or 14 as an answer, and question #12 must also be answered). You **MUST** provide all information in **ACRES** including those areas less than one acre. To convert from square feet to acres, divide square feet by the number 43,560. Enter zero if there is no restoration, enhancement or creation.

PART III: To Be Completed By The DEP - Please leave this area blank.



GIS CODE #: _____
 For DEP Use Only

Statewide Inland Wetlands & Watercourses Activity Reporting Form

Complete, print, sign, and mail this form in accordance with the instructions on pages 2 and 3.

PART I: To Be Completed By The Municipal Inland Wetlands Agency Only

1. DATE ACTION WAS TAKEN (use drop-down box): Year Month
2. ACTION TAKEN (use drop-down box):
3. WAS A PUBLIC HEARING HELD? (select one only) Yes No
4. NAME OF AGENCY OFFICIAL VERIFYING AND COMPLETING THIS FORM:
 (print): _____ (signature) _____

PART II: To Be Completed By The Municipal Inland Wetlands Agency Or The Applicant

5. TOWN IN WHICH THE ACTION IS OCCURRING: WOODSTOCK
 Does this project cross municipal boundaries? (select one only) Yes No
 If Yes, list the other town(s) in which the action is occurring:
6. LOCATION: USGS Quad Map Name (see hyperlink): SOUTHBRIDGE
Quad Number (see hyperlink): 11
Subregional Drainage Basin Number (see hyperlink): 3708
7. NAME OF APPLICANT, VIOLATOR OR PETITIONER: SANDRA SKEFFINGTON
8. NAME & ADDRESS/LOCATION OF PROJECT SITE: 76 OAK HILL LANE

Briefly describe the action/project/activity: Temporary Permanent

REMOVAL AND CONSTRUCTION OF SINGLE FAMILY DWELLING

9. ACTIVITY PURPOSE CODE (Use drop-down box): A
10. ACTIVITY TYPE CODE(S) (Use drop-down box) 1 , 2 , 12 , 14
11. WETLAND / WATERCOURSE AREA ALTERED [must be provided in acres or linear feet as indicated]:
 Wetlands: 0 acres Open Water Body: 0 acres Stream: 0 linear feet
12. UPLAND REVIEW AREA ALTERED [must be provided in acres]: 0.3 acres
13. AREA OF WETLANDS AND / OR WATERCOURSES RESTORED, ENHANCED OR CREATED: 0 acres
 [must be provided in acres]

PART III: To Be Completed By The DEP

DATE RECEIVED: _____ DATE RETURNED TO DEP: _____
 FORM COMPLETED: YES NO FORM CORRECTED / COMPLETED: YES NO

Watershed or Aquifer Area Project Notification Form

REQUIREMENT:

Within seven days of filing, all applicants before a municipal Zoning Commission, Planning and Zoning Commission, Zoning Board of Appeals or Inland Wetlands Commission for any project located within a public water supply aquifer or watershed area are required by Public Act No. 06-53 of the CT General Statutes to notify The Commissioner of Public Health and the project area Water Company of the proposed project by providing the following information.

To determine if your project falls within a public water supply aquifer or watershed area visit the appropriate town hall and look at their *Public Drinking Water Source Protection Areas* map. If your project falls completely within or contain any part of a public water supply aquifer or watershed you are required to complete the following information.

Note: You will need information obtained from the *Public Drinking Water Source Protection Areas* map located in the appropriate town hall to complete this form.

Step 1: Have you already notified the CT Department of Public Health (CTDPH) of this project?

No, Go to Step 2

Yes, I have notified DPH under a different project name - Complete steps 4-6

Yes, same name different year - Notification Year _____ Complete steps 4-6

Step 2:

1. Name of public water supply aquifer your project lies within: _____

2. Name of the public water supply watershed your project lies within: PUTNAM WATER POLLUTION CONTROL AUTHORITY

3. Public Water Supply Identification number (PWSID) for the water utility: CT 1160011

Step 3: For 1-5 Check all that apply

1. My project is proposing:

Industrial use; Commercial use; Agricultural use; Residential use;

Recreational use; Transportation improvements; Institutional (school, hospital, nursing home, etc.);

Quarry/Mining; Zone Change, Please Describe: _____

Other, Please describe: _____

2. The total acreage of my project is:

Less than or equal to 5 acres Greater than 5 acres

3. My project site contains, abuts or is within 50 feet of a:

Wetland; Stream; River; Pond or Lake

4. Existing use of my project site is:

Grassland/meadow; Forested; Agricultural; Transportation; Institutional (school, hospital, nursing home, etc.); Residential; Commercial; Industrial; Recreational; Quarry/Mining

Other Please Describe: _____

5. My project will utilize:

septic system; existing public sewer; new public sewer; agricultural waste facility;

existing private well; new private well; existing public water supply;

new public water supply, if new have you applied for a certificate of public convenience and necessity from DPH? Yes No

6. My project will contain this percentage of built up area (buildings, parking, road/driveway, pool): Less than or equal to 20% Greater than 20% to 50% Greater than 50%

Step: 4 Applicants Contact Information:

Name: SANDRA SKEFFINGTON

E-mail address: MISSSKEFFINGTON@AOL.COM

Telephone: 774 230 6002

Fax number: _____

Step 5: Please provide the following if available:

Project name: _____

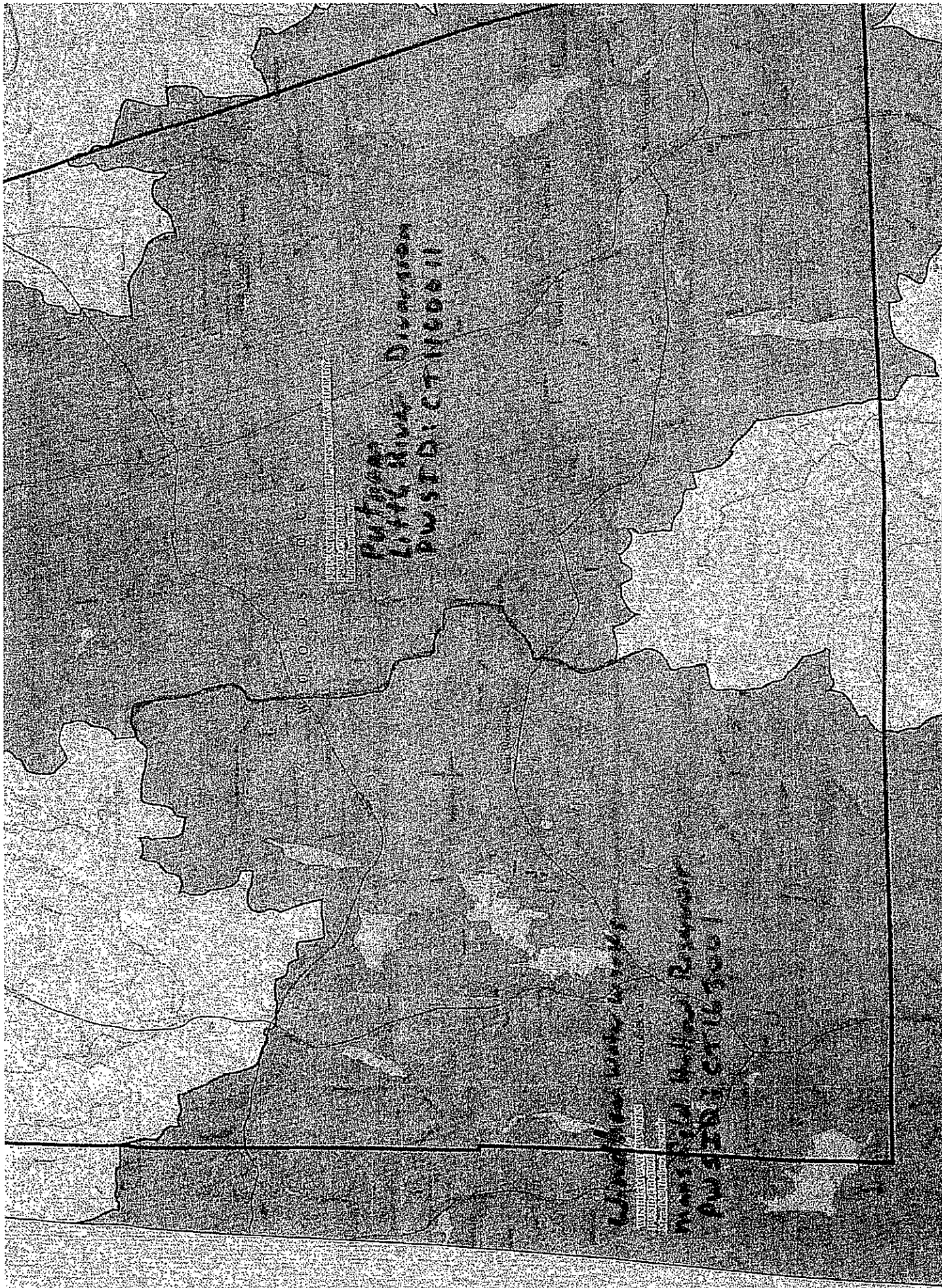
Project site address: 76 OAK HILL LANE

Town: WOODSTOCK

Project site nearest intersection: LEBANON HILL ROAD

Project site latitude and longitude: 42.0254, -72.0305

E-mail completed form to dph.swpmail@ct.gov



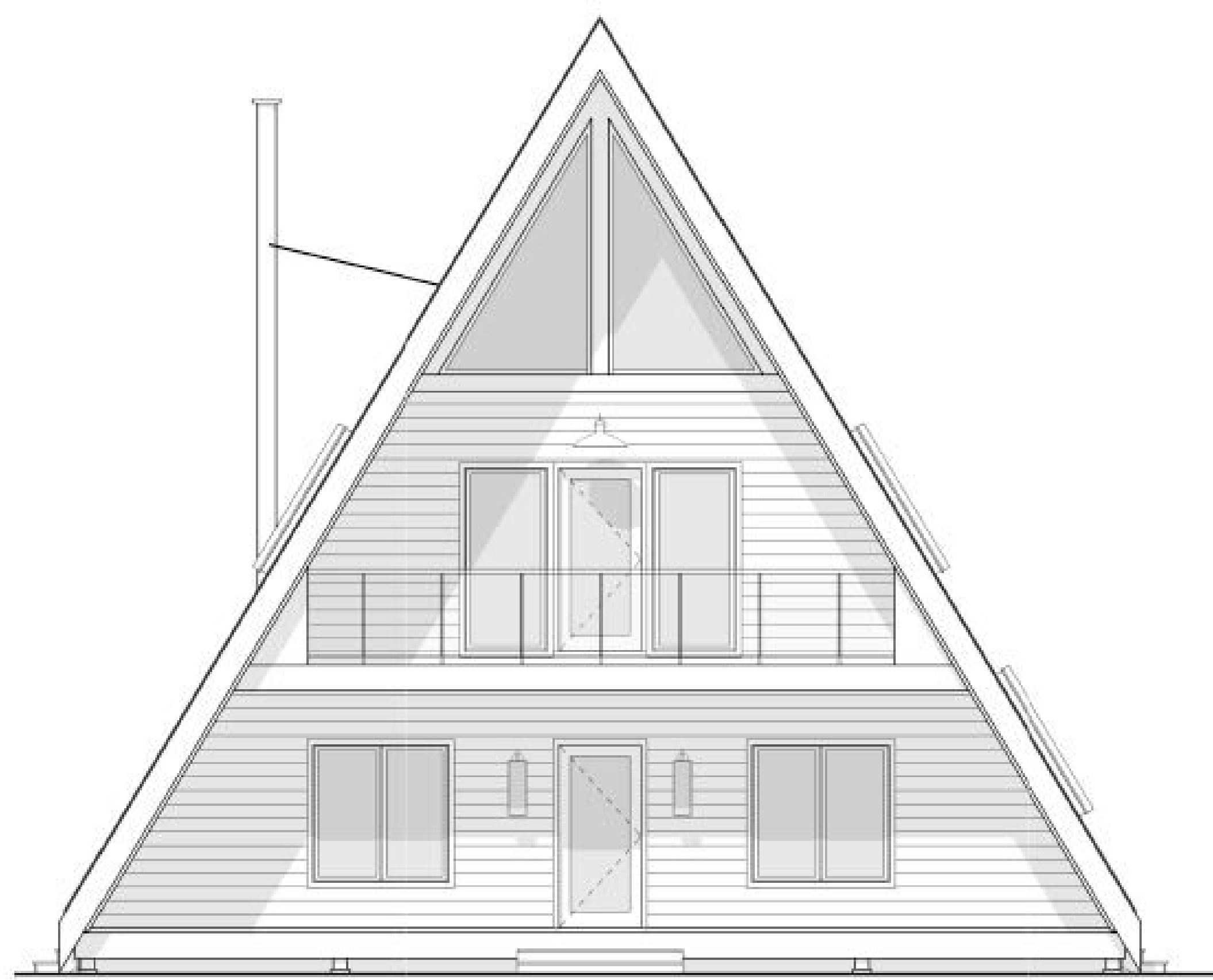
UNITED STATES OF AMERICA

FOREST SERVICE
DEPARTMENT OF AGRICULTURE

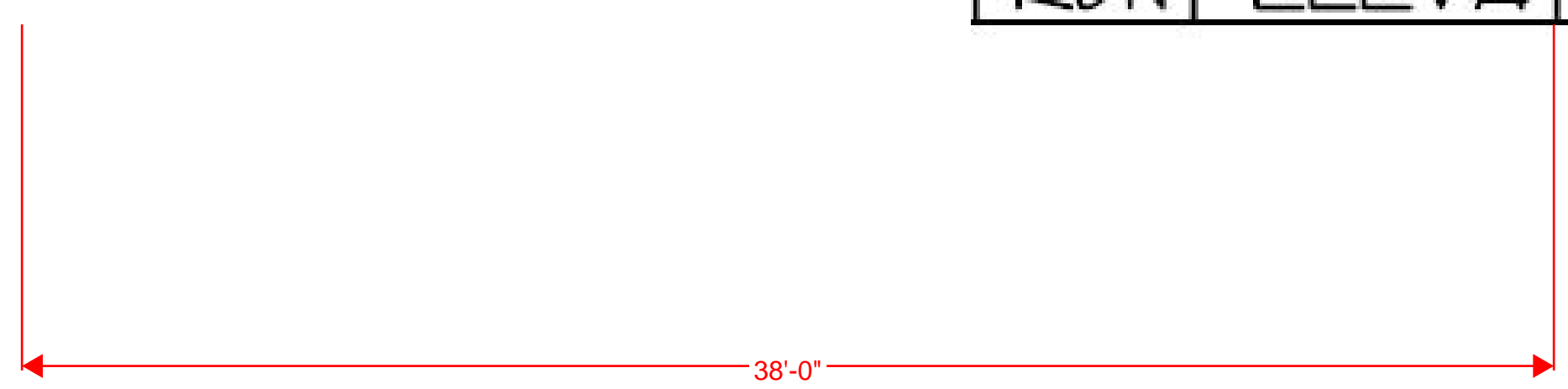
Patagonia
Little River Division
Forest District Webb

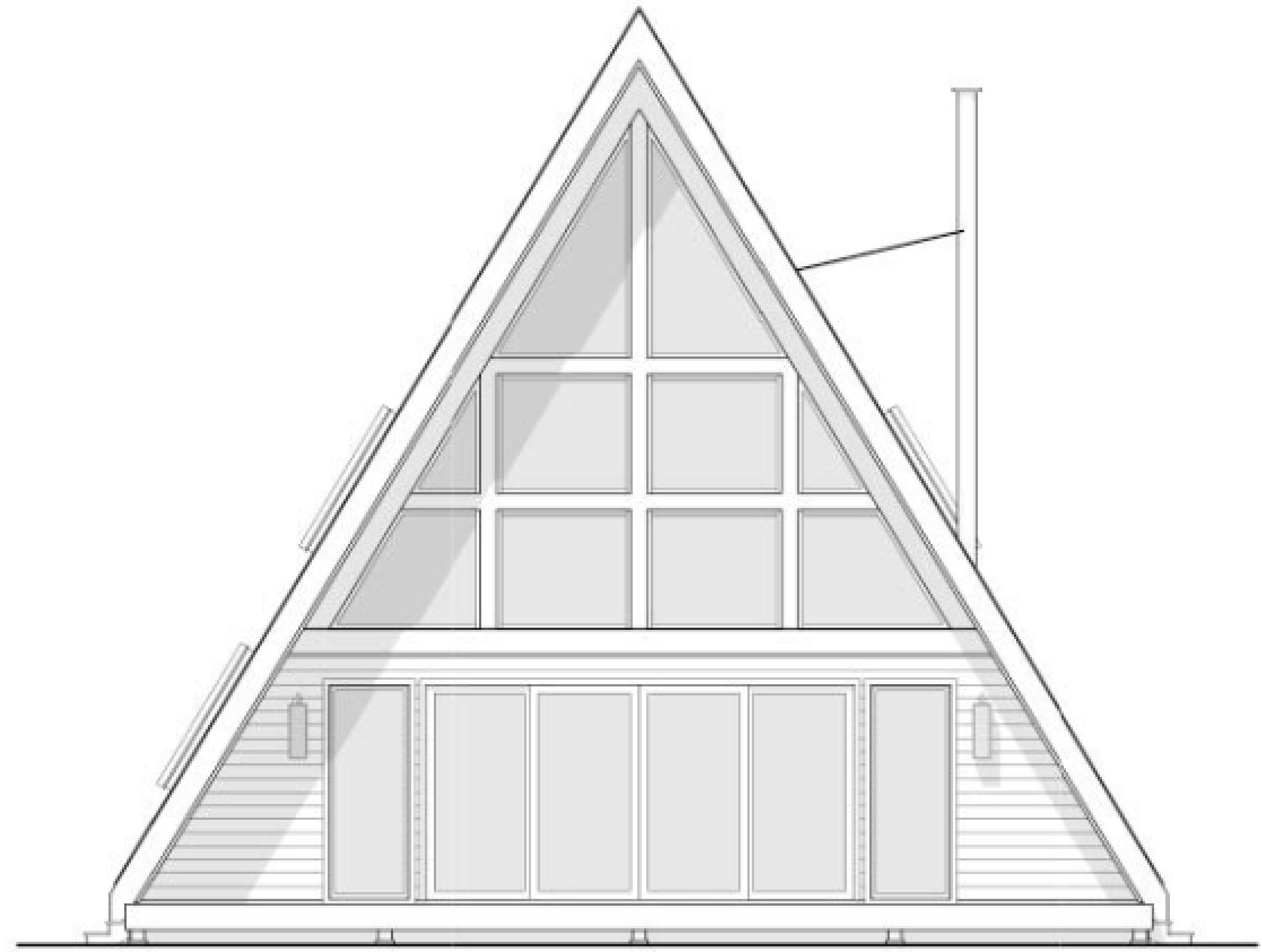
Llanos de los Rios
Forest District Webb



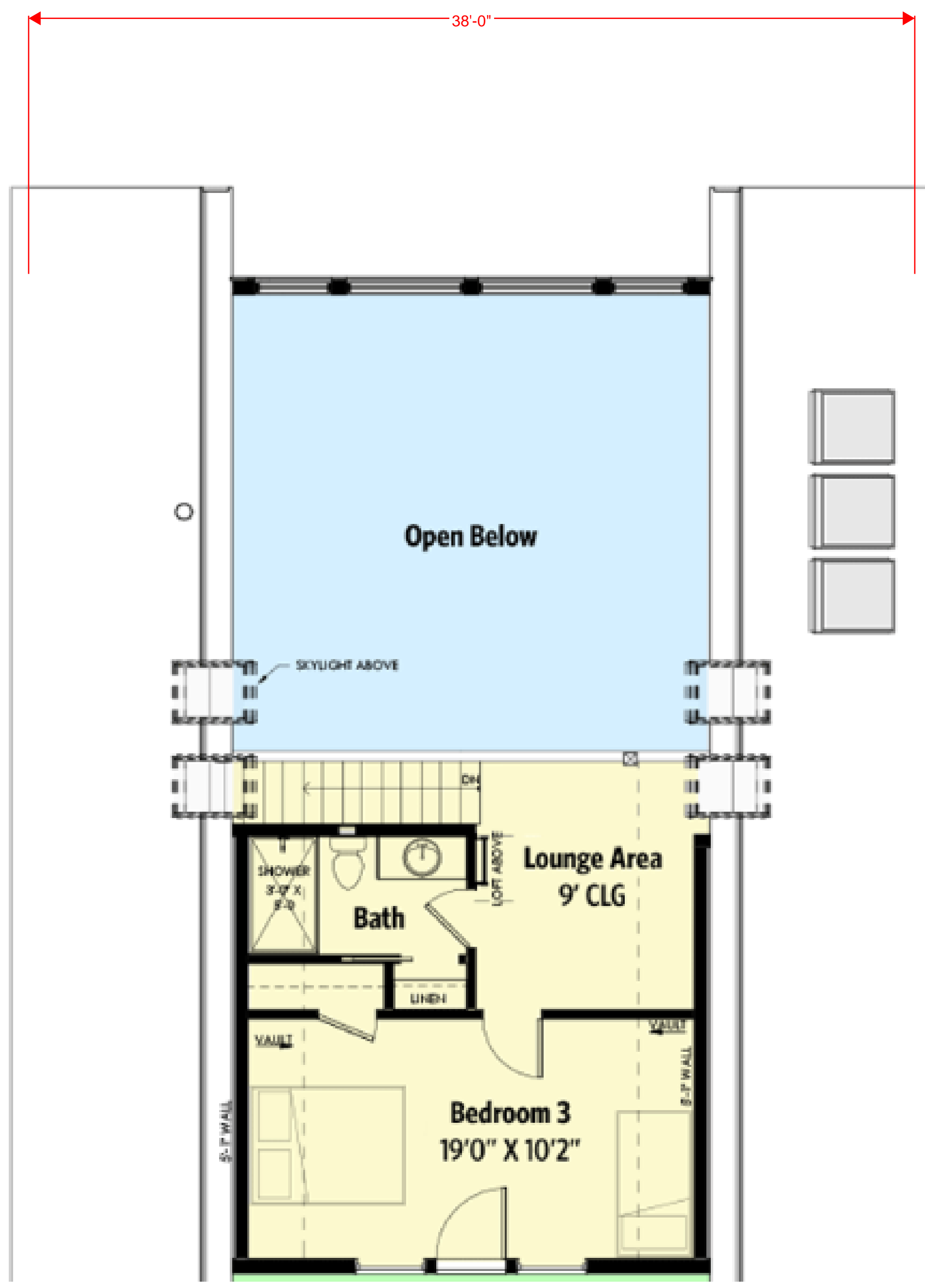


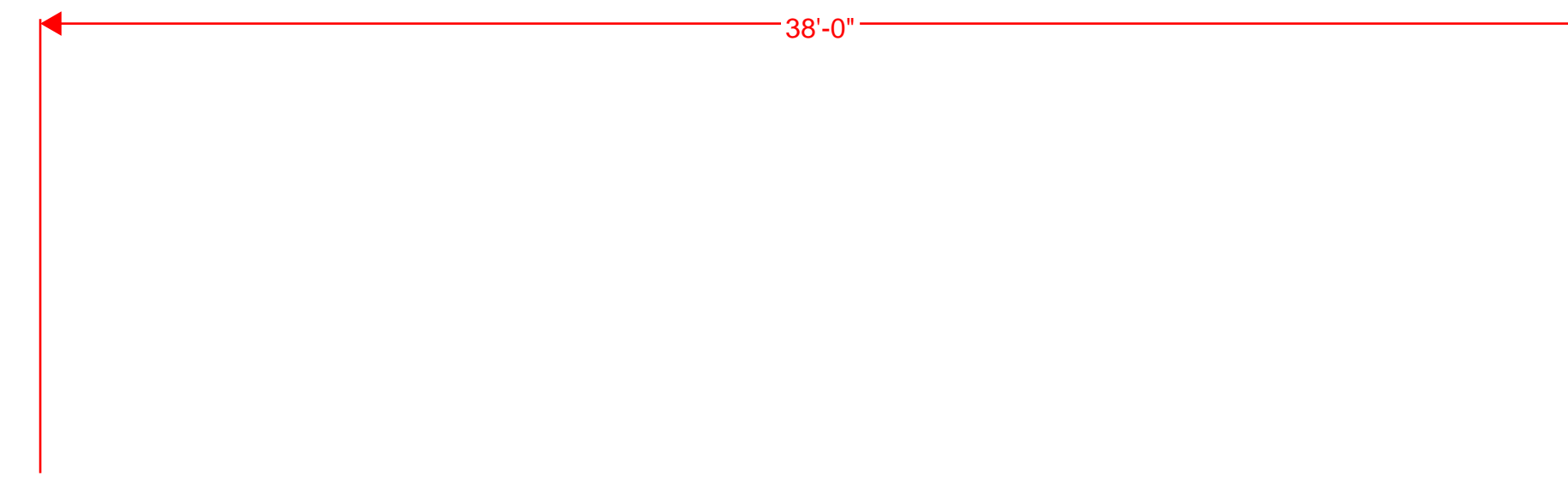
FRONT ELEVATION

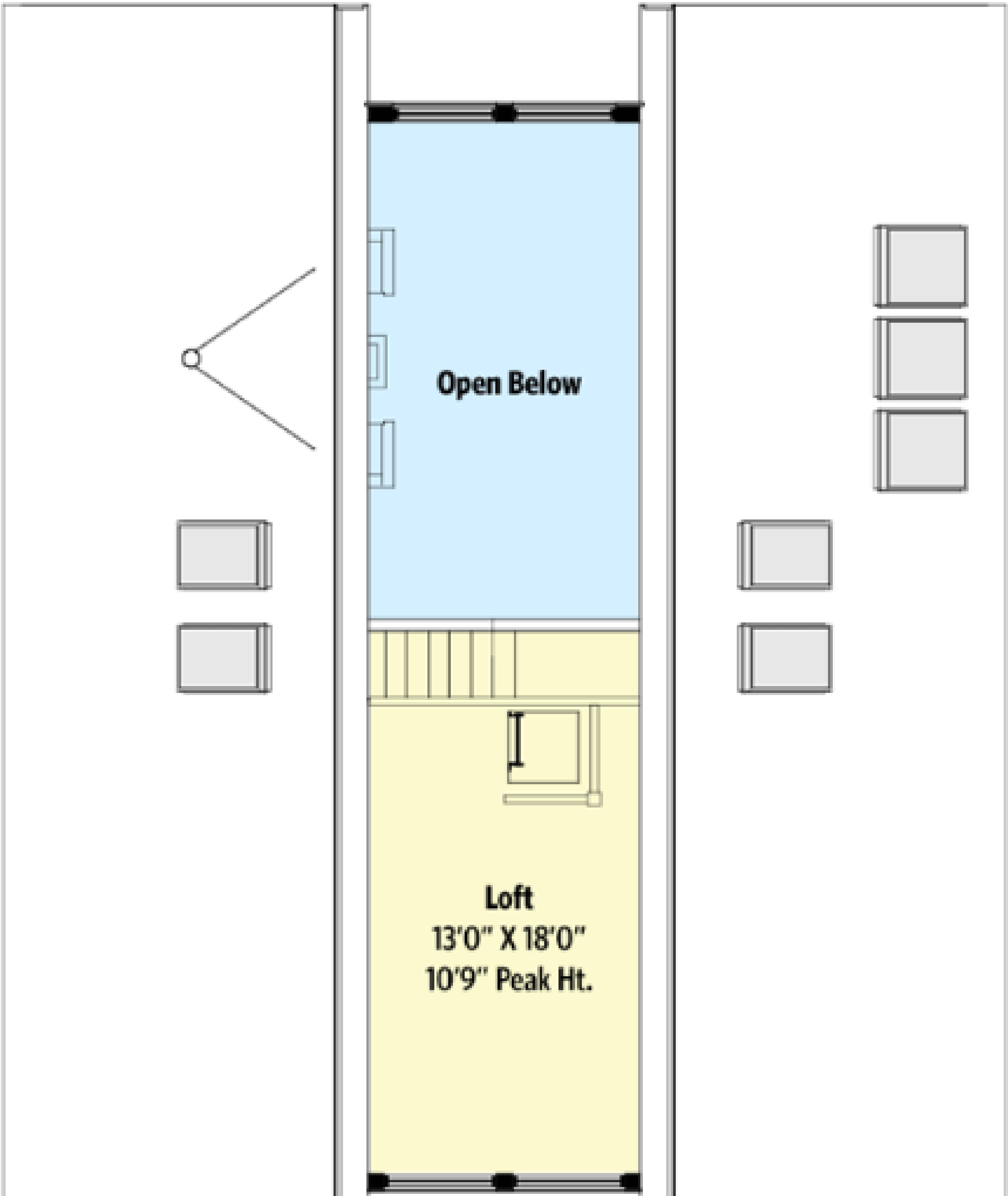




REAR ELEVATION









10 foot Abutters List Report

Woodstock, CT
August 22, 2023

EXHIBIT F

Subject Property:

Parcel Number: 5286-03-10
CAMA Number: 5286-03-10
Property Address: 76 OAK HILL LANE

Mailing Address: SKEFFINGTON SANDRA A
215 LEBANON HILL RD
SOUTHBRIDGE, MA 01550

Abutters:

Parcel Number: 5286-03-10A-2
CAMA Number: 5286-03-10A-2
Property Address: OAK HILL LANE

Mailing Address: KASPAR PAULA J
PO BOX 44
POMFRET CENTER, CT 06259

Parcel Number: 5286-03-11
CAMA Number: 5286-03-11
Property Address: 71 OAK HILL LANE

Mailing Address: BLANCHET FAMILY TRUST C/O LOUIS
BLANCHET
28 HENDERSON DR
NAPLES, FL 34114

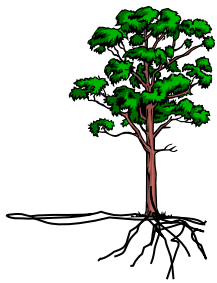


www.cai-tech.com

Data shown on this report is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes or misuse or misrepresentation of this report.

8/22/2023

Page 1 of 1



JOSEPH R. THEROUX

~ CERTIFIED FORESTER/ SOIL SCIENTIST ~
PHONE 860-428-7992 ~ FAX 860-376-6842
426 SHETUCKET TURNPIKE, VOLUNTOWN, CT. 06384
FORESTRY SERVICES ~ ENVIRONMENTAL IMPACT ASSESSMENTS
WETLAND DELINEATIONS AND PERMITTING ~ E&S/SITE MONITORING
WETLAND FUNCTION AND VALUE ASSESSMENTS

8/18/2023

P.C. SURVEY ASSOC. LLC.
63 SNAKE MEADOW HILL RD.
KILLINGLY, CT. 06239

ATTN: MR. PAUL TERWILLIGER

RE: 76 OAK HILL LANE WETLAND DELINEATION

DEAR MR. TERWILLIGER,

AT YOUR REQUEST I HAVE DELINEATED THE INLAND WETLANDS AND WATERCOURSE ON THE ABOVE REFERENCED PROPERTY.

THESE WETLANDS HAVE BEEN DELINEATED IN ACCORDANCE WITH THE STANDARDS OF THE NATIONAL COOPERATIVE SOIL SURVEY AND THE DEFINITIONS OF WETLANDS AS FOUND IN THE CONNECTICUT STATUTES, CHAPTER 440, SECTION 22A-38.

FLUORESCENT PINK FLAGS WITH A CORRESPONDING LOCATION NUMBER DELINEATE THE BOUNDARY BETWEEN THE UPLAND SOILS AND THE INLAND WETLANDS/WATERCOURSE.

FLAG NUMBERS WF-1 THROUGH WF-13 DELINEATE THE HIGH WATER MARK OF MUDDY BROOK POND AND ITS ADJACENT WETLAND SOILS.

THESE WETLAND SOILS HAVE FORMED FROM THE PROLONGED WETNESS FROM THE HIGH SEASONAL WATER TABLES AND GROUND WATER BREAKOUT. THEY ARE CHARACTERIZED BY ORGANIC TOPSOIL HORIZONS, SHALLOW REDOXIMORPHIC FEATURES AND LOW CHROMA COLORS WITHIN 20 INCHES OF THE SOIL SURFACE.

IN CONCLUSION, IF YOU HAVE ANY QUESTIONS CONCERNING THE DELINEATION OR THIS REPORT, PLEASE FEEL FREE TO CONTACT ME.

THANK YOU,

Joseph R. Theroux

JOSEPH R. THEROUX
CERTIFIED SOIL SCIENTIST
MEMBER SSSSNE, NSCSS, SSSA.

B100a / Change in Use Application INSTRUCTIONS

This form is used to conform to the State of Connecticut Public Health Code, Section 19-13-B100a, which governs building conversions and/or changes in use to existing structures, building additions, garages/accessory structures, swimming pools and sewage disposal area preservation.

You are filling out this form to provide the local health department with important information to assure that you:

- Do not build any structures on top of an existing septic system
- Conform to the required separating distances and maintain your property according to the Connecticut Public Health Code

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.

Exemptions

You **are not** required to file a B100a Application for the following:

- Accessory buildings or sheds **less than 200 square feet** which will sit directly on pressure treated plywood or concrete blocks and do not require the pouring of a concrete slab, frost protected footings, sonar tubes or any other foundation that would disturb the soil.
- Anchoring kits that prevent uplift due to winds which are used for temporary structures like removable carports. Anchors should not penetrate the septic system. (Please note, anchoring kits that require the pouring of a concrete slab or permanent footings **do** require a B100a application.)

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: email@nddh.org



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

email@nddh.org



Northeast District Department of Health

69 South Main Street, Unit 4

Brooklyn, CT 06234

Phone – (860) 774-7350 / Fax – (860) 774-1308

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B100a / Change in Use Application

To conform to PHC 19-13-B100a – Building Conversions/Changes in Use, Building Additions, Garages/Accessory Structures, Swimming Pools, Sewage Disposal Area Preservation

Street #: _____ Street: _____ Town: _____

Assessor's Map: _____ Block: _____ Lot: _____ Dev. Lot: _____ Lot Size: _____

Legal Owner: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Contact Phone: _____ Email Address: _____

Year Built: _____ No. of Bedrooms: _____

Description of proposed change/addition: _____

Agent for Owner: _____

Agent's Mailing Address: _____

Town: _____ State: _____ Zip: _____

Agent's Phone Number: _____ Email Address: _____

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. This form may be submitted by email, mail, or fax. In the event of application withdrawal by the applicant, NDDH reserves the right to retain a non-refundable processing fee.

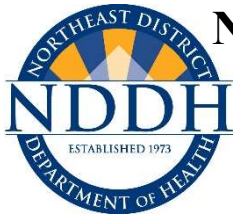
(If working on behalf of owner, please attach signed Letter of Consent)

Signature of Legal Property Owner

Date

NDDH Use Only File # _____

Date: _____ Fee: _____ Check # _____ CC E-Check Cash Receipt # _____



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

email@nddh.org

LETTER OF CONSENT

_____ (DATE)

To Whom It May Concern:

I, _____, legal property owner of:

Street: _____, Town: _____

Map #: _____, Block #: _____, Lot #: _____, Dev Lot N#: _____,

As recorded in the Town Assessor's Office, do hereby authorize:

_____ to act as my agent and grant permission to apply for:

1. _____ Soil Testing
2. _____ Permit to Construct or Repair a Septic System
3. _____ Other: _____

In evaluating this application, I realize that the Northeast District Department of Health has relied on information provided by the applicant or agent. If such information subsequently proves to be false, deceptive, incomplete and/or inaccurate, service will be suspended, and any permits issued will be revoked. I understand that a permit to construct is issued to a specific CT Licensed Installer, is the property of the installer, and is not transferable.

The undersigned swears that the information supplied in the completed application is accurate to the best of his/her knowledge and belief.

Signature of Legal Property Owner	Date	Telephone #
-----------------------------------	------	-------------

Signature of Appointed Agent	Date	Telephone #
------------------------------	------	-------------