



TOWN OF SALISBURY
CONNECTICUT

P.O. Box 548
Salisbury, Connecticut 06908

Conservation Commission

Town of Salisbury, Conservation Commission, Application for Regulated Activity Permit

- 1) Applicants name: BRIAN NEFF
- 2) Applicants home address:
- 3) Applicants business address: 128 BACON RD. ROXBURY, CT. 06783
- 4) Applicants Home Phone #: _____ Business Phone #: (860) 354-2246
- 5) Owner of property: Name: PABLO NOVOA & CARLA ARANDA
Address: 415 MAIN STREET #H12 NEW YORK, NY 10044
Phone #: (646) 529-9305

Signature of property owner consenting to this application:

X REFER TO THE OWNERS LETTER OF AUTHORIZATION 7/17/2024

- 6) Applicants interest in the land:
DESIGN ENGINEER OF THE PROPOSED SEPTIC SYSTEM REPLACEMENT
- 7) Geographical location of property:
202 BELGO ROAD
Description of the land:
1.68 ACRE LOT WITH EXISTING SINGLE FAMILY DWELLING
Computation of wetland area or watercourse disturbance:
0.2 ACRES UPLAND REVIEW AREA DISTURBED. NO WETLANDS OR WATERCOURSE DISTURBED.
- 8) Purpose and description of the proposed activity:
THE ACTIVITY CONSISTS OF THE REPLACEMENT OF THE EXISTING SEPTIC SYSTEM, WHICH IS FAILING.
- 9) Alternatives considered by applicant:
OTHER SEPTIC REPLACEMENT AREAS CLOSER TO WATERCOURSE WAS CONSIDERED.
Why this proposal to alter wetlands was chosen:
NO WETLAND OR WATERCOURSE ALTERATION IS PROPOSED
- 10) Site plan showing existing and proposed conditions in relation to wetlands and watercourses:
(Attach map and plans to application)
SEPTIC SYSTEM REPLACEMENT PLAN
- 11) Names and addresses of adjacent property owners:
North: BELGO ROAD
South: LIVINGSTON, JEFFREY & RUTH 12 LAWSON RD.
East: CAPECELATRO, CHRISTOPHER 196 BELGO RD.
West: GUSTAFSON, GORDON 210 BELGO RD.

- 12) 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 inaccurate or misleading information:
Signature: *Br Nelly*
- 13) Authorization for the commissioners and agents of the Commission to inspect the property, at reasonable times, both before and after a final decision has been issued:
Signature: *Br Nelly*
- 14) DEEP Reporting Form 22A-39-14 provided by applicant (Rev. 3/2013)
- 15) Any other information the Commission deems necessary to the understanding of what the applicant is proposing:
- 16) Section 7.6 Requirements, if stipulated by agent
- 17) Filing Fee: As defined in current Regulations
- 18) For activities involving a significant activity as determined by the Commission and defined in Section 2 of the regulations the provisions of Article 7.6 must be submitted with the application. (Attach documents).
- 19) If the affected property is within 500 feet of an adjacent municipality the applicant is responsible for providing documentation that the provisions of 8.9 of the regulations have been satisfied: (Attach documents).

DATE FILED: _____

DATE RECEIVED BY COMMISSION: _____

ACTION: a) INSIGNIFICANT ACTIVITY

CONDITIONS:

DATE OF APPROVAL:

b) SIGNIFICANT ACTIVITY

PUBLIC HEARING DATE:

PUBLIC HEARING DATE + 65 DAYS:

CHECK LIST:

A. PUBLIC NOTICE:

DATES PUBLISHED:

B. PROOF THAT APPLICANT HAS MAILED COPIES OF PUBLIC NOTICE TO ABUTTING PROPERTY OWNERS:

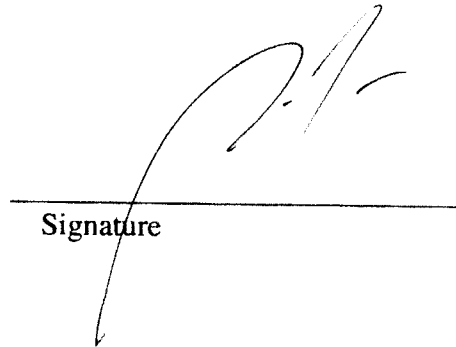
C. PROOF OF PROVISIONS OF SECTION 8.2 (IF APPLICABLE):

TO: Salisbury Land Use Commissions

FROM: Pablo Novoa, Property Owner
202 Belgo Road
Salisbury, Connecticut

I hereby authorize Engineer Brian Neff to act as my agent to apply for permits and to provide technical representation at the commission meetings regarding the proposed septic system replacement at the 202 Belgo Road property in Salisbury.

07/17/2024/
Date


Signature

Torrington Area Health District
350 Main St. - Suite A; Torrington, Ct 06790

Permit #

17785

T A H D Is A Equal Opportunity Provider
Design Review For
Subsurface Sewage Disposal System

202	Belgo Rd	Salisbury		
Lot #	Street # Street Name	Town	Subdivision	
	Pablo Novoa & Carla	C/o Brian Neff	Roxbury	Ct. 06783
	Owner	Owner Address	Town	State Zip
860-354-2246				
Owner Telephone	Agent's Name			
Brian Neff	128 Bacon Rd	Roxbury	Ct. 06783	
Engineer	Engineer Address	Town	State Zip	

This Approval Indicates That The Proposal Has Been Reviewed By The Health District And Is In Compliance With Applicable Regulations As Contained In The Public Health Code For This Project.

Plan Date: June 10, 2024 Plan prepared by Brian Neff

Plan Approval Date: July 15, 2024 # Of Bedrooms: 3

Geomatrix 6218	1500	728	52'
Septic System Type	Tank Size	Field Sq Ft.	Length Of Septic System

Approved Plan Revision Required Required Not Required
(2) Perk Tests In Fill By Engineer

This Is Not A Permit To Construct A Subsurface Sewage Disposal System. The Permit To Construct Will Be Issued To The Licensed Septic System Installer Prior To Actual Construction. This Plan Approval Is Subject To Specific And General Conditions As Shown On This Form And/or The Approved Plan. **Please Read Them Carefully.**

<input checked="" type="checkbox"/> Engineer Design	<input checked="" type="checkbox"/> Select Fill Required	<input checked="" type="checkbox"/> As Below
<input checked="" type="checkbox"/> Percolation Test In Fill	<input type="checkbox"/> Curtain Drain	<input checked="" type="checkbox"/> In Place Sieve Test Required
<input checked="" type="checkbox"/> Engineer As Built Required	<input type="checkbox"/> Engineer Supervision	<input type="checkbox"/> Low Flow Water Treatment
<input checked="" type="checkbox"/> Field Staking By Engineer	<input type="checkbox"/> As-built Installer	

- 1) System to be installed when soil moisture is low.
- 2) It is the owner's responsibility to obtain any necessary approvals from the Inland Wetlands Commissions

Approved By: _____ Director Of Health

Sanitarian



Statewide Inland Wetlands & Watercourses Activity Reporting Form

Please complete this form in accordance with the instructions on pages 2 and 3 and mail to:

DEEP Land & Water Resources Division, Inland Wetlands Management Program, 79 Elm Street, 3rd Floor, Hartford, CT 06106

Incomplete or incomprehensible forms will be mailed back to the inland wetlands agency.

PART I: Must Be Completed By The Inland Wetlands Agency

- DATE ACTION WAS TAKEN: year: _____ month: _____
- ACTION TAKEN (see instructions - one code only): _____
- WAS A PUBLIC HEARING HELD (check one)? yes no
- NAME OF AGENCY OFFICIAL VERIFYING AND COMPLETING THIS FORM:
(print name) _____ (signature) _____

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

- TOWN IN WHICH THE ACTIVITY IS OCCURRING (print name): SALISBURY
does this project cross municipal boundaries (check one)? yes no
if yes, list the other town(s) in which the activity is occurring (print name(s)): _____
- LOCATION (see instructions for information): USGS quad name: _____ or number: 16
subregional drainage basin number: 6303
- NAME OF APPLICANT, VIOLATOR OR PETITIONER (print name): BRIAN NEFF, P.E.
- NAME & ADDRESS OF ACTIVITY / PROJECT SITE (print information): 202 BELGO ROAD
briefly describe the action/project/activity (check and print information): temporary permanent description: RESIDENTIAL SEPTIC SYSTEM REPLACEMENT
- ACTIVITY PURPOSE CODE (see instructions - one code only): L
- ACTIVITY TYPE CODE(S) (see instructions for codes): 1, 2, 3, 12
- WETLAND / WATERCOURSE AREA ALTERED (see instructions for explanation, must provide acres or linear feet):
wetlands: 0 acres open water body: 0 acres stream: 0 linear feet
- UPLAND AREA ALTERED (must provide acres): 0.2 acres
- AREA OF WETLANDS / WATERCOURSES RESTORED, ENHANCED OR CREATED (must provide acres): 0 acres

DATE RECEIVED:

PART III: To Be Completed By The DEEP

DATE RETURNED TO DEEP:

FORM COMPLETED: YES NO

FORM CORRECTED / COMPLETED: YES NO

SEPTIC SYSTEM INSTALLATION REQUIREMENTS (TAHD)

THE SEPTIC SYSTEM SHALL BE INSTALLED IN ACCORDANCE WITH STATE AND LOCAL HEALTH CODE REGULATIONS.

NO BALLAST IS REQUIRED FOR A CONCRETE SEPTIC TANK AND PUMP CHAMBER PROVIDING A MINIMUM 0.5 FT. OF SOIL COVER IS MAINTAINED.

KEEP ALL VEHICLE TRAFFIC OFF OF LEACHING FIELD AREA PRIOR TO SEPTIC SYSTEM INSTALLATION TO PREVENT OVER-COMPACTION OF NATURAL SOILS.

CALL 1-800-922-4455 "CALL BEFORE YOU DIG" TO LOCATE ALL UNDERGROUND UTILITIES IN THE SEPTIC SYSTEM AREA.

NOTIFY THE ENGINEER AND HEALTH DEPARTMENT AT LEAST 24 HOURS PRIOR TO STARTING CONSTRUCTION.

STRIP OFF ORGANIC MATERIAL AND TOPSOIL FROM LEACHING FIELD AREA AND SCARIFY THE GROUND SURFACE PARALLEL TO CONTOURS WITH BACKHOE BUCKET TEETH (PRIOR TO SPREADING SEPTIC FILL).

NOTIFY THE HEALTH DEPARTMENT AFTER SUBGRADE SCARIFICATION FOR INSPECTION, PRIOR TO SPREADING SEPTIC FILL.

SEPTIC FILL MUST BE SAND AND GRAVEL WHICH CONFORMS TO THE FOLLOWING SPECIFICATIONS REQUIRED BY STATE HEALTH CODE:

- 1) THE FILL SHALL NOT CONTAIN ANY MATERIAL LARGER THAN THREE (3) INCHES.
- 2) UP TO 45% OF THE DRY WEIGHT OF THE REPRESENTATIVE SAMPLE MAY BE RETAINED ON THE #4 SIEVE (THIS IS THE GRAVEL PORTION OF THE SAMPLE).
- 3) THE MATERIAL THAT PASSES THE #4 SIEVE IS THEN REWEIGHED AND THE SIEVE ANALYSIS STARTED.
- 4) THE REMAINING SAMPLE SHALL MEET THE FOLLOWING GRADATION CRITERIA:

SIEVE SIZE	PERCENT PASSING	
	WET SIEVE	DRY SIEVE
#4	100%	100%
#10	70% - 100%	70% - 100%
#40	10% - 50%	10% - 75%
#100	0% - 20%	0% - 5%
#200	0% - 5%	0% - 2.5%

*NOTE: 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%.

THE CONTRACTOR SHALL PROVIDE A CERTIFIED TESTING LAB SIEVE ANALYSIS OF THE PROPOSED SEPTIC FILL TO THE ENGINEER.

PLACE SEPTIC FILL AT THE PERIMETER OF THE LEACHING FIELD AREA.

NOTIFY THE ENGINEER AFTER THE SEPTIC FILL IS DELIVERED TO THE SITE. THE ENGINEER IS REQUIRED TO COLLECT A SAMPLE ON-SITE AND DELIVER IT TO A TESTING LAB FOR ANALYSIS TO CONFIRM THE ACCEPTABILITY OF THE SEPTIC FILL.

AFTER CONFIRMATION OF FILL APPROVAL BY THE ENGINEER, SPREAD SEPTIC FILL IN 6"-8" LIFTS WITH TRACKED EQUIPMENT.

NOTIFY THE ENGINEER AFTER FILL PLACEMENT. THE ENGINEER IS REQUIRED TO CONDUCT TWO PERCOLATION TESTS IN THE SEPTIC FILL.

NOTIFY THE ENGINEER AND HEALTH DEPARTMENT 48 HOURS PRIOR TO THE FINAL SYSTEM INSPECTION (PRIOR TO BACKFILLING).

BACKFILL SEPTIC SYSTEM AFTER APPROVAL TO PROVIDE A MINIMUM 6" COVER.

SEED AND HAY-MULCH THE FILLED/DISTURBED AREA AFTER FINAL GRADING.

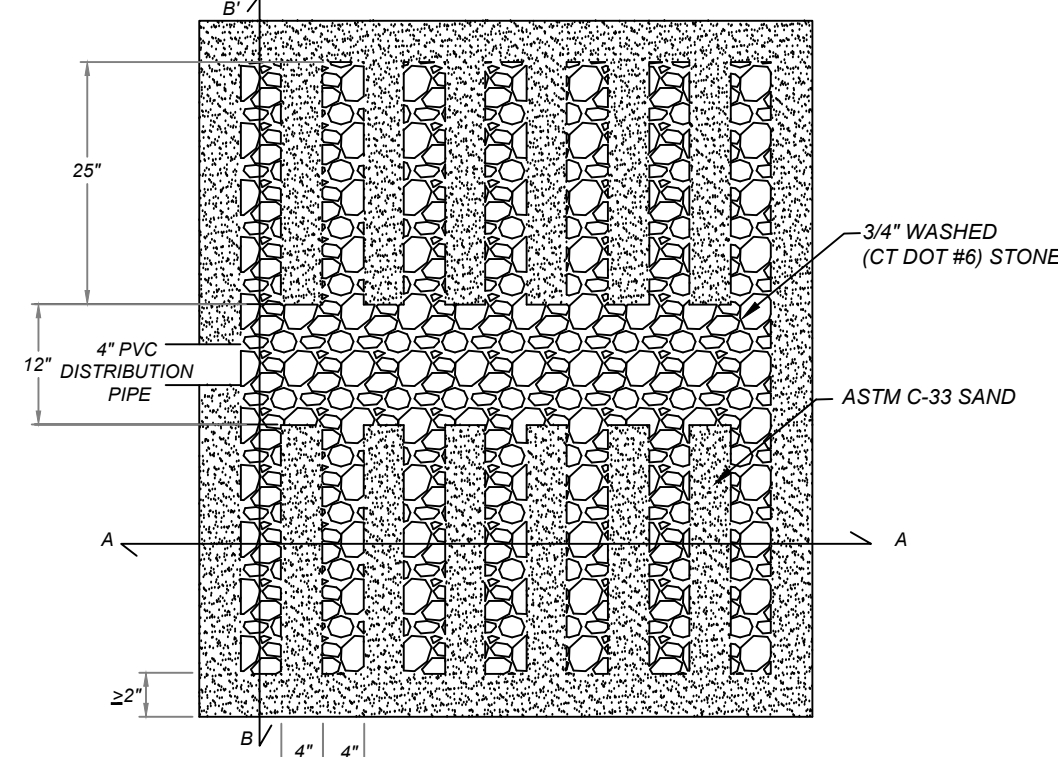
NOTIFY THE HEALTH DEPARTMENT FOR FINAL GRADE AND EROSION CONTROL INSPECTION.

THE ENGINEER WILL PREPARE THE SEPTIC SYSTEM "AS-BUILT" PLAN.

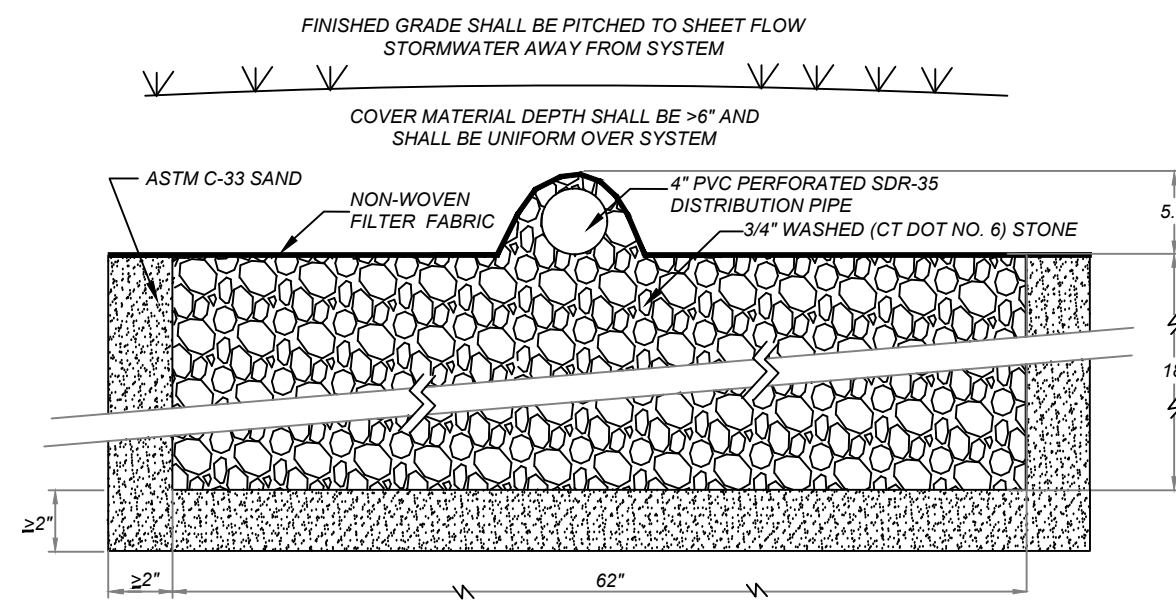
**GEOMATRIX GST 62 SERIES LEACHING SYSTEM
INSTALLATION INSTRUCTIONS**

THIS PROCEDURE SERVES AS A GENERAL OVERVIEW FOR THE INSTALLATION OF GEOMATRIX GST. THE SYSTEM DRAWINGS SHOULD BE STRICTLY ADHERED TO AND AN AUTHORIZED REPRESENTATIVE OF GEOMATRIX SYSTEMS, LLC MUST BE PRESENT UNLESS THE CONTRACTOR IS CERTIFIED BY GEOMATRIX SYSTEMS. CALL (860) 510-0730 TO SCHEDULE INSTALLATION.

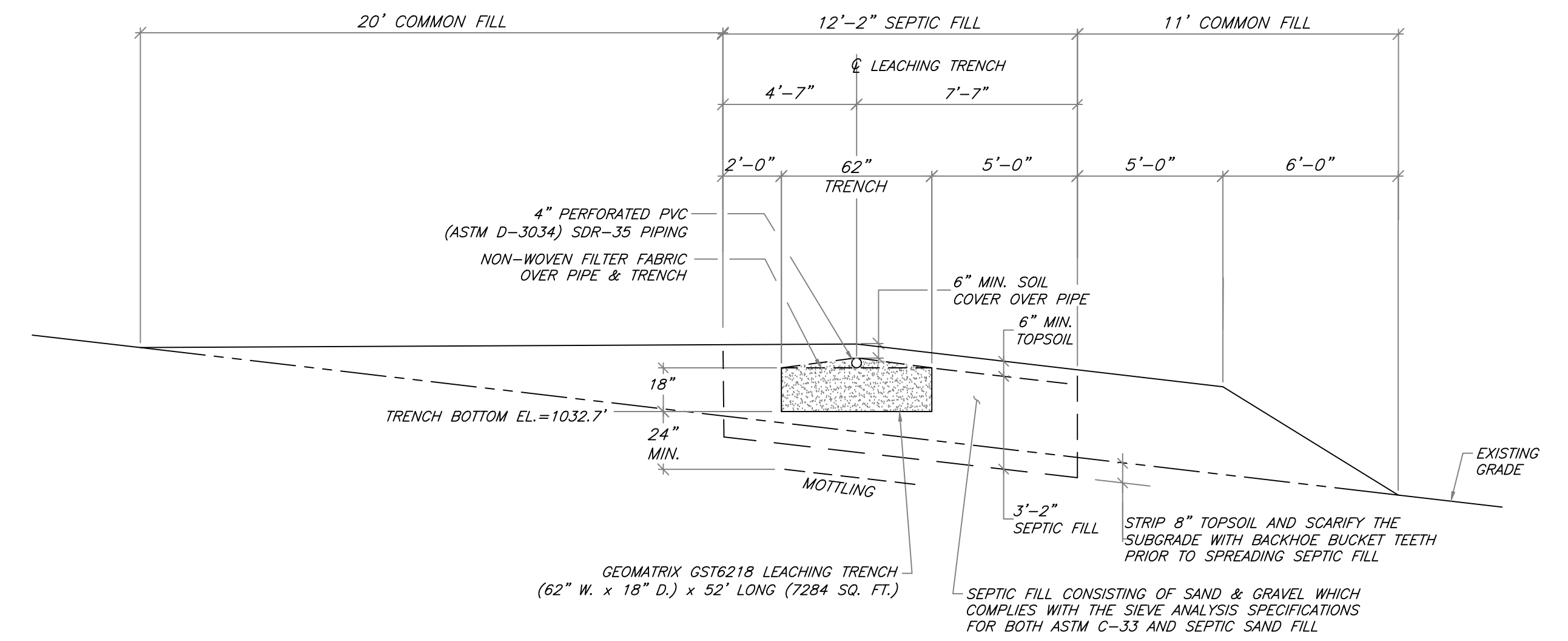
1. LAYOUT SYSTEM.
2. PREPARE SITE.
3. EXCAVATE TRENCH TO A DEPTH THAT IS AT LEAST 2" BELOW THE BASE ELEVATION OF THE GST TO ACCOMMODATE A MINIMUM OF 2" OF SAND. TRENCH WIDTH SHOULD BE A MINIMUM OF 70" FOR GST 62 SERIES.
4. RAKE/SCARIFY SIDEWALLS AND BOTTOM OF TRENCH TO ADDRESS ANY SMEARING OF FINES, AND THEN DO NOT WALK IN TRENCH BOTTOM.
5. PLACE A MINIMUM OF 2" OF ASTM C-33 SAND IN THE BOTTOM OF THE EXCAVATION TO SERVE AS BASE FOR GST, RAKE AND LEVEL AND UNIFORMLY COMPACT. IF A 2" LIFT OF SAND IS PRESENT SIMPLY WALKING ON IT SHOULD PROVIDE SUFFICIENT COMPACTION.
6. SET THE GST FORMS IN CENTER OF TRENCH.
7. PLACE COVERS OVER ENTIRE CENTER STONE CHANNEL AND ALTERNATING STONE FINGER COMPARTMENTS.
8. PLACE SAND INTO VOID SPACE BETWEEN TRENCH SIDEWALL AND GST FORM. ALSO FILL THE SAND FINGER VOIDS IN THE FORMS AND UNIFORMLY COMPACT.
9. REMOVE ALL COVERS FROM OVER ENTIRE CENTER STONE CHANNEL AND STONE FINGER COMPARTMENTS.
10. PLACE CLEAN CT DOT #6 (3/4") STONE INTO THE INTERIOR OF THE GST FORM.
11. PULL FIRST GST FORM AND "LEAP FROG" FORM AHEAD OF THE LAST GST FORM.
12. REPEAT SEQUENCE UNTIL DESIRED TRENCH LENGTH IS INSTALLED.
13. ENSURE THAT SAND AND BACKFILL MATERIALS ARE COMPACTED TO PREVENT SETTLEMENT.
14. INSTALL APPROVED DISTRIBUTION PIPING ON TOP OF THE 12" CENTRAL STONE CHANNEL.
15. PLACE STONE AROUND THE DISTRIBUTION PIPE.
16. PUT APPROVED FILTER FABRIC OVER THE SYSTEM.
17. BACKFILL SYSTEM TO ENSURE THAT UNIFORM COVER AND COMPACTION EXISTS OVER THE TOP OF THE SYSTEM (A MINIMUM OF 6" OF COVER IS REQUIRED).
18. FINISH GRADE OVER THE SYSTEM SHOULD ENSURE THAT STORM WATER SHEET FLOW IS DIVERTED AWAY FROM THE LEACHING SYSTEM, TANK(S) AND PUMP TANK(S) IF PRESENT.
19. SEED AND HAY DISTURBED AREA. THE USE OF WOOD CHIPS AS COVER MATERIAL IS NOT RECOMMENDED.
20. MAINTAIN THE AREA TO PREVENT TREE ROOTS FROM IMPACTING THE SYSTEM.
21. PROPERLY SERVICE THE SEPTIC TANK EVERY 3-5 YEARS; OR AS ADVISED BY THE REGULATORY AGENCY OR YOUR SERVICE PROVIDER.



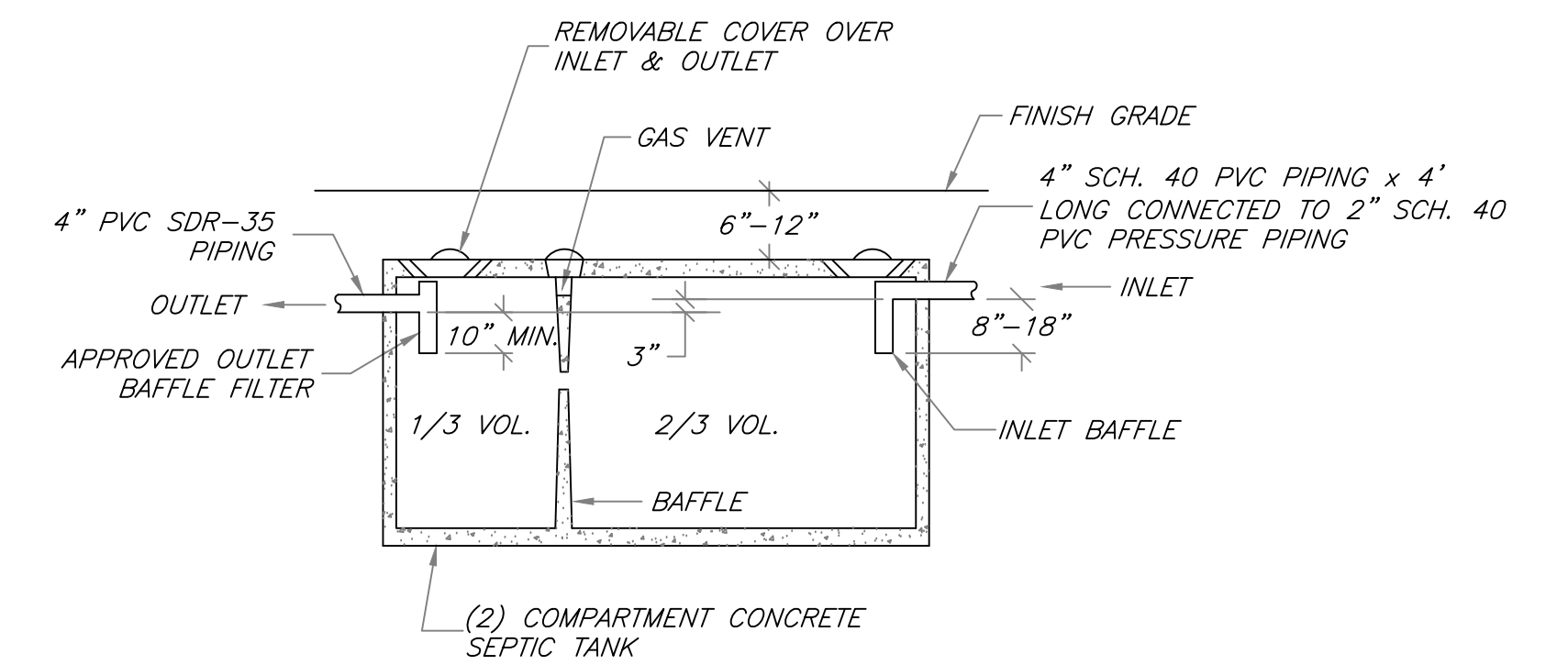
GEOMATRIX GST LEACHING SYSTEM
PLAN VIEW
SCALE: NONE



GEOMATRIX GST LEACHING SYSTEM
B-B CROSS SECTION
SCALE: NONE



LEACHING FIELD SECTION
SCALE: 1" = 4'



SEPTIC TANK SECTION
NOT TO SCALE

SYSTEM DESIGN DATA

DWELLING DESIGN SIZE: (3) BEDROOMS
NO 100 GALLON CAPACITY OR LARGER BATHTUBS
NO KITCHEN SINK GARBAGE GRINDER

HEALTH CODE REQUIRED MINIMUM EFFECTIVE LEACHING (BASED UPON 10.1-20.0 MINUTES PER INCH PERCOLATION RATE) AREA = 675 SQ. FT.

PROPOSED LEACHING FIELD CONSISTS OF (1) ROW OF 18" DEEP x 62" WIDE GEOMATRIX GST6218 TRENCH (RATED 14.0 SF/LF) BY 52 FT. LONG, TOTALLING 728 SQ. FT. OF EFFECTIVE LEACHING AREA

MINIMUM LEACHING SYSTEM SPREAD
HF = 26 (MOTTLING AT 26", 10.1-15.0% GRADIENT)
FF = 1.5 (3 BEDROOM DWELLING)
PF = 1.25 (10.1-20.0 MIN./IN. PERC.)
MLSS = 26 x 1.5 x 1.25 = 48.75' < 52' TRENCH

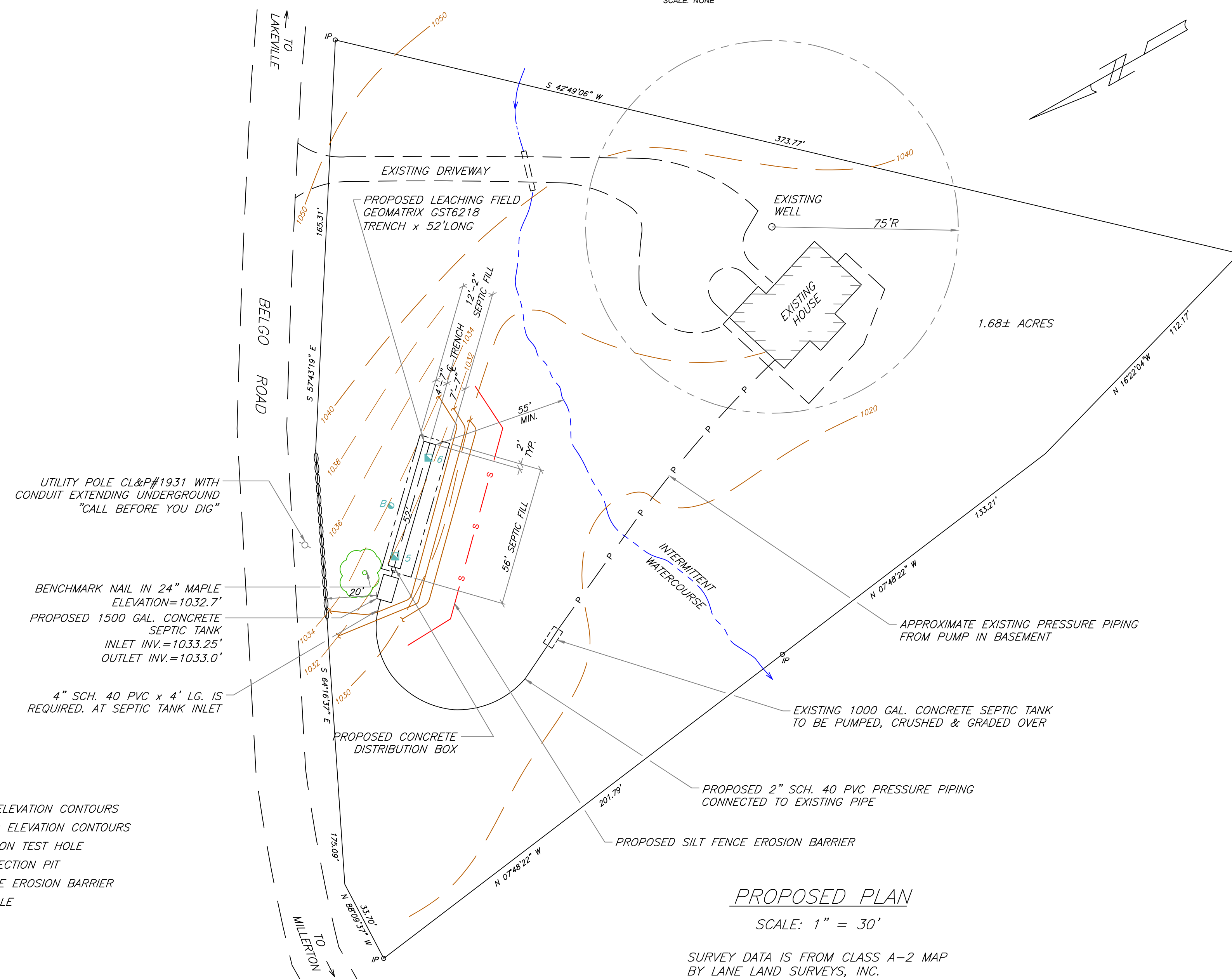
THERE ARE NO WELLS OR SEPTIC SYSTEMS ON ADJACENT PROPERTY WHICH AFFECT THIS PLAN

NO BURIED OIL TANKS ARE PROPOSED

LOT SIZE: 1.68± ACRES

TAX ASSESSOR MAP 9, LOT 31

PROPERTY OWNERS: PABLO NOVOA
CARLA ARANDA



PROPOSED PLAN

SCALE: 1" = 30'

SURVEY DATA IS FROM CLASS A-2 MAP BY LANE LAND SURVEYS, INC.

SOIL INSPECTION & PERCOLATION TEST RESULTS

Existing house
202 Belgo Road
Salisbury, Connecticut

Testing Conducted By: Brian E. Neff, P.E.
Test Date: October 25, 2023

SOIL INSPECTION PIT: NO. 5

0" - 8" Dark brown topsoil
8" - 30" Olive brown silty loam
30" - 78" Olive gray silty loam (compact)

No ledge observed
Mottling observed at 30"
Groundwater seepage observed at 70"
Roots observed to 36"

SOIL INSPECTION PIT: NO. 6

0" - 8" Dark brown topsoil
8" - 26" Olive brown silty loam
26" - 76" Olive gray silty loam (compact)

No ledge observed
Mottling observed at 26"
Groundwater seepage observed at 60"
Roots observed to 32"

PERCOLATION TEST HOLE: B

Hole depth: 20" Presoak = 1 hour

DEPTH	TIME	T/D
6.5"	11:05	refill
11.125"	11:15	2.2
12.375"	11:25	8.0
13.375"	11:35	10.0
14.25"	11:45	11.4
15.0"	11:55	13.3
15.625"	12:05	16.0

Percolation rate: 16.0 minutes per inch

LEGEND

- EXISTING ELEVATION CONTOURS
- PROPOSED ELEVATION CONTOURS
- PERCOLATION TEST HOLE
- SOIL INSPECTION PIT
- S SILT FENCE EROSION BARRIER
- UTILITY POLE

SEPTIC SYSTEM REPLACEMENT PLAN		
EXISTING HOUSE		
202 BELGO ROAD SALISBURY, CONNECTICUT		
DATE: 6-10-2024	BRIAN E. NEFF LICENSED ENGINEER 128 BACON ROAD ROXBURY, CT 06783 (860) 354-2246	DRAWN BY: B.E. NEFF
REVISED:		DRAWING NUMBER: SHEET 1 OF 1