

Brooklyn Land Use Department

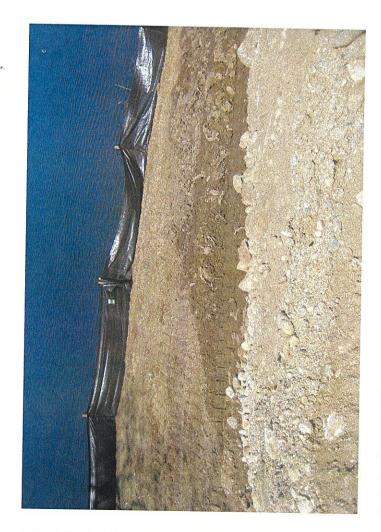
69 South Main Street Brooklyn CT 06234 (860) 779-3411 x 31

11-1W 1-1-1					
Inland Wetlands Zoning Enforcement V	Blight Enforcement				
SITE INSPECTION NUMBER	1 2 3 4 5				
159 Day Street Address	4/5/21				
Address	Date				
I inspected and took photos.	for a pool zoning				
permit. I told Christa that a wetland					
permit will be needed. Photos were taken.					
I told Christa we need aplan for the wetlands permit					
There is a roof drain w/a pvc p	i pe.				
The plan should showary proposed patio or pool house.					
Thogracting plan needs to show existing and					
proposed fill/ grade changes. The application					
should describe proposed sediment + erosion					
_ controls, The plan should show the roof drain					
pipe and how the soil between the pipe and the pond will be					
stabilized. The pipe outlets nearthopond. I suggested riprap					
email Christahaveles @yahoo.com					
send schodule of meetings + de adlines					
Commission Representative					
Owner or Authorized Signature					

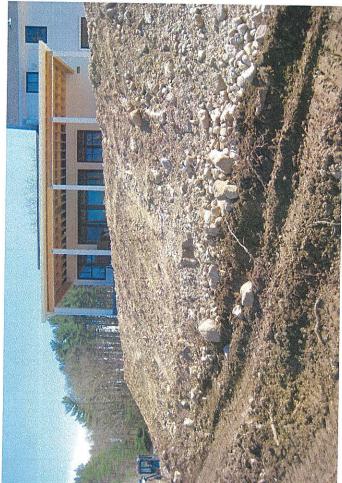
There are no zoning issues.

The wetlands plan shouldbe stamped by a Professional Engineer,

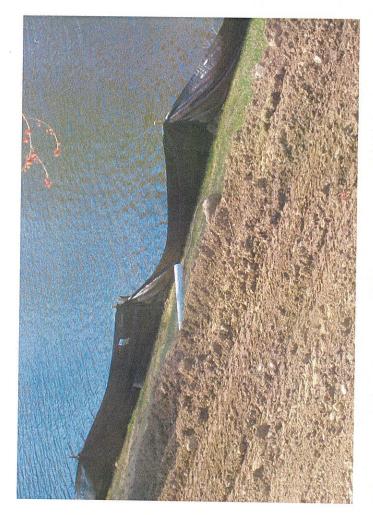
The pool permit will also be a permit for all the Cill near the pond.

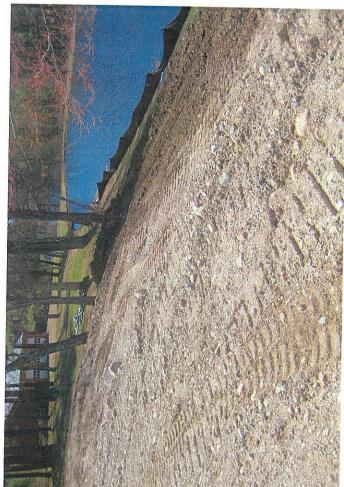


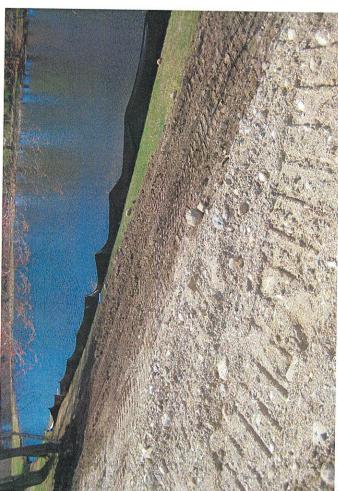


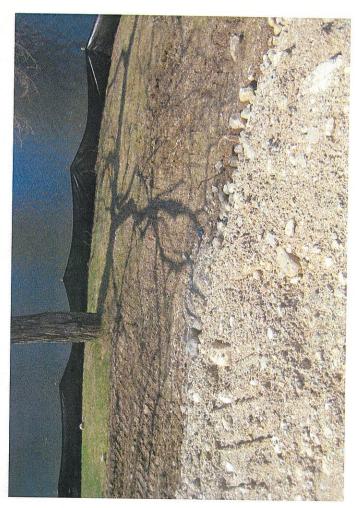


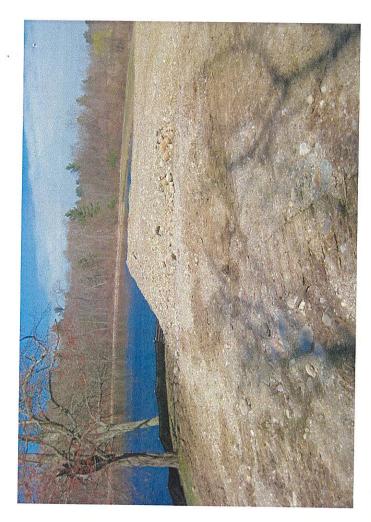








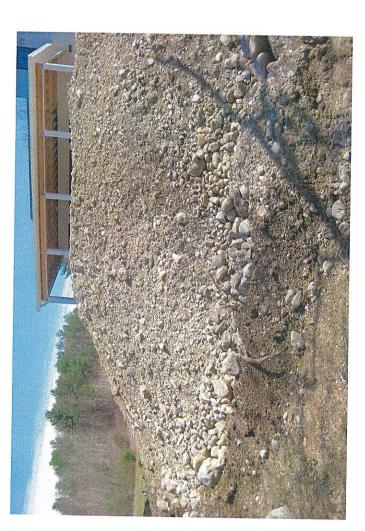


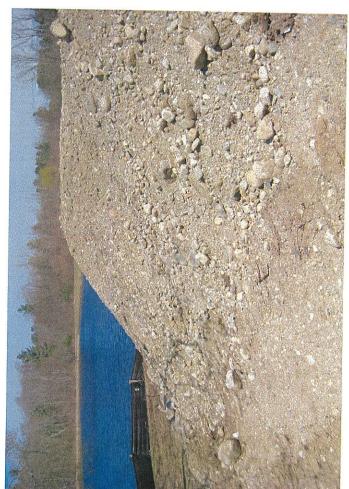


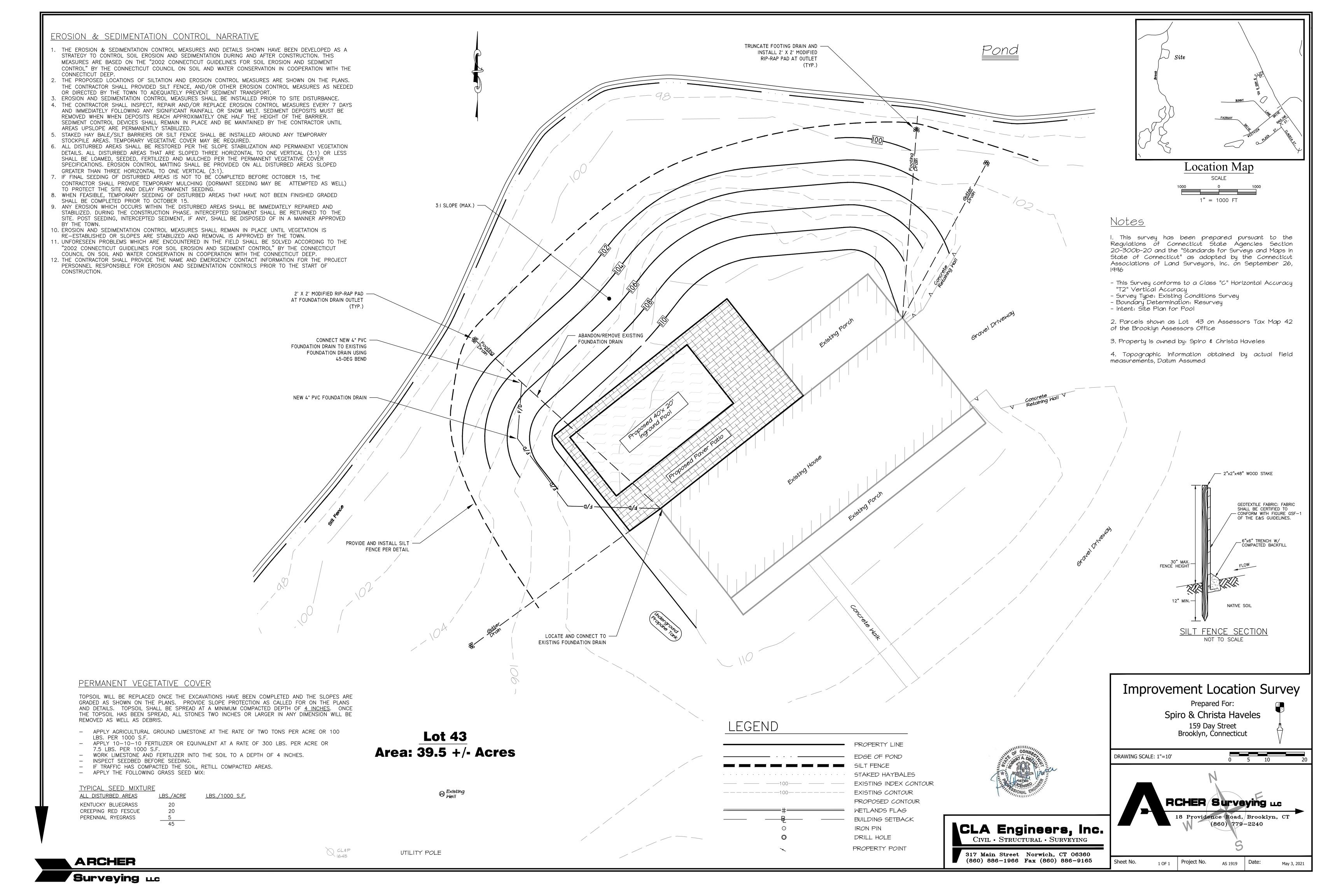












INLAND WETLANDS & WATERCOURSES COMMISSION TOWN OF BROOKLYN, CONECTICUT

Date Application #
APPLICATION INLAND WETLANDS & WATERCOURSES
APPLICANT SPLO HAVELES MAILING ADDRESS 159 DAY STREET APPLICANT'S INTEREST IN PROPERTY OUNLESS PHONE 860 208 5363 EMAIL
PROPERTY OWNER IF DIFFERENTPHONE MAILING ADDRESSEMAIL
ENGINEER/SURVEYOR (IF ANY) ARCHOR SINGUING / CLA ENGINEER
PROPERTY LOCATION/ADDRESS 159 DAY STREES MAP # 42 LOT # 43 ZONE P30 TOTAL ACRES 39 - ACRES OF WETLANDS ON PROPERTY
PURPOSE AND DESCRIPTION OF THE ACTIVITY INGREDING POOL WINT GRADING
FILL PROPOSED CUBIC YDS SQ FT EXCAVATION PROPOSED CUBIC YDS SQ FT LOCATION WHERE MATERIAL WILL BE PLACED: ON SITE OFF SITE TOTAL REGULATED AREA ALTERED: SQ FT 6,000
MITIGATION MEASURES (IF REQUIRED): WETLANDS/WATERCOURSES CREATED: CY SQFT ACRES IS PARCEL LOCATED WITHIN 500FT OF AN ADJOINING TOWN? IF YES, WHICH TOWN(S) IS THE ACTIVITY LOCATED WITHIN THE WATERSHED OF A WATER COMPANY AS DEFINED IN CT GENERAL STATUTES 25-32A?
THE OWNER AND APPLICANT HEREBY GRANT THE BROOKLYN IWWC, THE BOARD OF SELECTMAN AND THEIR AUTHORIZED AGENTS PERMISSION TO ENTER THE SUBJECT PROPERTY FOR THE PURPOSE OF INSPECTION AND ENFORCEMENT OF THE IWWC REGULATIONS OF THE TOWN OF BROOKLYN. IF THE COMMISSION DETERMINES THAT OUTSIDE REVIEW IS REQUIRED, APPLICANT WILL PAY CONSULTING FEE.
NOTE: DETERMINATION THAT THE INFORMATION PROVIDED IS INACCURATE MAY INVALIDATE THE IWWC DECISION AND RESULT IN ENFORCEMENT ACTION.
APPLICANT: DATE $5-6-2$ OWNER: DATE $5-6-2$
OWNER:



GIS CODE #: For DEEP Use Only	- ,					-		
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79 Elm Street • Hartford, CT 06106-5127

www.ct.gov/deep

Affirmative Action/Equal Opportunity Employer

Statewide Inland Wetlands & Watercourses Activity Reporting Form

Please complete - <u>print clearly</u> - and mail this form in accordance with the instructions on pages 2 and 3 to: Wetlands Management Section, Inland Water Resources Division, CT DEEP, 79 Elm Street – 3rd Floor, Hartford, CT 06106

	PART I: To Be Completed By the Municipal Inland Wetlands Agency Only			
1.	DATE ACTION WAS TAKEN (enter one year and month): Year Month			
2.	ACTION TAKEN (enter one code letter):			
3.	WAS A PUBLIC HEARING HELD (check one)? Yes No			
4.	NAME OF AGENCY OFFICIAL VERIFYING AND COMPLETING THIS FORM:			
	(type name) (signature)			
	PART II: To Be Completed By the Municipal Inland Wetlands Agency or the Applicant			
5.	TOWN IN WHICH THE ACTION IS OCCURRING (type name): LOOK! YN			
	Does this project cross municipal boundaries (check one)? Yes No			
	If Yes, list the other town(s) in which the action is occurring (type name(s)):			
6.	LOCATION (see directions for website information): USGS Quad Map Name: or Quad Number:			
	Subregional Drainage Basin Number:			
7.	NAME OF APPLICANT, VIOLATOR OR PETITIONER (type name): SPRO HAVELES			
8.	NAME & ADDRESS/LOCATION OF PROJECT SITE (type information): 155 Day Street			
	Briefly describe the action/project/activity (check and type information): Temporary Permanent			
	Description: /a/6acvais Pool			
9.	ACTIVITY PURPOSE CODE (enter one code letter):			
10.	ACTIVITY TYPE CODE(S) (enter up to four code numbers): 12,,,			
11.	WETLAND / WATERCOURSE AREA ALTERED (type in acres or linear feet as indicated):			
	Wetlands: acres			
12.	UPLAND AREA ALTERED (type in acres as indicated): 2 acres			
13.	AREA OF WETLANDS / WATERCOURSES RESTORED, ENHANCED OR CREATED (type in acres as indicated): acres			
DATE RECEIVED: PART III: To Be Completed By the DEEP DATE RETURNED TO DEEP:				
FOI	RM COMPLETED: YES NO FORM CORRECTED / COMPLETED: YES NO			



NORTHEAST DISTRICT DEPARTMENT OF HEALTH

69 South Main Street, Unit 4, Brooklyn, CT 06234 860-774-7350/Fax 860-774-1308 www.nddh.org

March 25, 2021

Christa & Spiro Haveles 159 Day Street Brooklyn, CT 06234

B100/APPLICATION

SUBJECT: FILE #88002541 -- DAY STREET #159, MAP #42, LOT #43, BROOKLYN, CT

Dear Christa & Spiro Haveles:

On March 24, 2021, this department received an application proposing the addition of a $37' \times 20' \times 5'$ deep, kidney-shaped inground pool to your property.

Based on the information provided and paperwork in our files this request has been approved under the following conditions:

- 1. Maintain a minimum of 25 feet from the existing septic system with the proposed inground pool.
- 2. In the event the area is needed for future septic repair, the inground pool may need to be relocated to different location on the property.
- 3. Septic system to be taped off during construction to ensure proper separating distance is maintained and to protect from heavy traffic or storage of building materials in this area.

Approval is being granted under Section 19-13-B100a of the CT Public Health Code. This approval is given with the understanding that you will provide proper care and maintenance of the existing system (the septic tank is to be pumped every 3 years).

THE OWNER IS RESPONSIBLE TO SEEK PROPER AUTHORIZATION FROM ALL TOWN AGENCIES PRIOR TO START OF CONSTRUCTION.

Should you have any questions, please do not hesitate to contact this office.

Sincerely,

Donovan Moe, ES
Environmental Health Specialist

cc: Brooklyn Building Official

