Inland Wetlands Commission
SPECIAL MEETING AGENDA
Thursday, August 13, 2026 at 7:15 P.M.
This meeting will be held at Goshen Town Hall and via Zoom

Zoom Conference Link:
https://us02web.zoom.us/j/83004772841

Meeting ID: 830 0477 2841
OR
Dial-in number: 1-929-205-6099

1. **CALL TO ORDER**

2. **PUBLIC HEARING:**
   A. 225 North Goshen Road, continued show cause hearing.

3. **APPROVAL OF THE MINUTES:**
   A. July 7, 2026 meeting minutes.

4. **OLD BUSINESS:**
   A. 54 Tyler Lake Heights, Thomas Mariano for Nicole Mariano - Rebuild wall along the lake to mitigate unsafe, collapsing steps and mitigate soil erosion into the water.
   B. 84.5 Sandy Beach Road, Matthew Perry for Barbara Beebe and Suzanne Beach - Install holding tank.

5. **NEW BUSINESS:**
   A. 316 Sharon Turnpike, Richard Bette for Abbey and Jonathan Yvon - Enclosure of existing deck, new deck and mudroom entry.

6. **AGENT DETERMINATION:**
   A. 24 Stonebridge Road, Michael and Mallory Ditter - Construction of one 60-foot by 30-foot residential accessory sports court within Goshen's 200-foot upland review area. Work consists of turf and organic removal, minor upland grading, placement of clean compactable fill as needed with total fill depth less than 18 inches, and installation of a drain-through semi-permeable modular court assembly within a maximum 2,800-square-foot work envelope.

7. **INLAND WETLANDS ENFORCEMENT OFFICER REPORT:**

8. **CORRESPONDENCE:**

9. **OTHER BUSINESS PROPER TO COME BEFORE THE COMMISSION:**
   A. Review of new Wetlands permit application.

10. **ADJOURNMENT**

Respectfully Submitted,
Lori Clinton
Lori Clinton
Commission Clerk

Received Aug. 6, 2026 @ 10:36AM
Attest Beeabeen K Blue
Goshen Town Clerk

When emailing official correspondence, please send to landuse@goshenct.gov with "Official Business" in the subject line.

Total Fee: 135.00

Draft

TOWN OF GOSHEN, CT

42A North Street Goshen, CT 06756
860-491-2308 ext.232

File no: _____
Received: _____
Approved: _____
Denied: _____
Fee Paid: _____

APPLICATION FOR INLAND WETLANDS AND WATERCOURSES PERMIT

05/24/2026

Draft

Site Location 54 TYLER LAKE HEIGHTS Assessors Map 07 Lot 039 00 Zone _____

Total Parcel Acreage _____ Total Area of Wetlands Disturbance _____

Owner of Record MARIANO NICOLE Tel: (H) _____ (W) _____

Mailing Address 54 TYLER LAKE HEIGHTS GOSHEN, CT 06756

Email Address _____

Applicant Thomas Mariano Tel: (H) 2035094131 (W) _____

Mailing Address 54 Tyler Lake Heights Goshen CT 06756

Email Address tnmariano2@gmail.com

Agent/Lessee _____ Tel:(H) _____ (W) _____

Mailing Address _____

Email Address _____

To the Inland Wetlands and Watercourses Commission:

I, Thomas Mariano, hereby apply for an Inland Wetlands and Watercourses Permit, pursuant to Section(s) _____ of the Inland Wetlands and Watercourse Regulations for:

(describe proposed regulated activities)

Rebuild wall along the lake to mitigate unsafe, collapsing steps and mitigate soil erosion into the water.

The undersigned hereby applies for an Inland Wetland and Watercourses Permit for the property described herein and confirms that:

1) He/She is familiar with the currently effective Inland Wetlands and Watercourse Regulations of the Town.
2) The statements and representation contained herein and in all supporting documents are true to the best of his/her knowledge.
3) By making this application, he/she gives permission to the Inland Wetlands and Watercourses Commission or its representative to enter the portions of the applicant's premises, which are the subject of this application for the purpose of inspection and investigation and otherwise evaluating the merits of the application.

_____ Signature of Owner

_____ Signature of Agent/Lessee

Thomas Mariano Signature of Applicant

Nature and Purpose of Project:

Applicant's Interest in Property: Owner of property.

Is there a conservation or preservation easement on any part of this property? No

Total Property Acreage: .28 **Total Acreage of Development:** .28

Total Acreage of Wetlands on Site: 0 **Total Acreage Altered:** 0

Total Acreage of Open Water Body on Site: 0 **Total Acreage Altered:** 0

Total Linear Feet of Watercourses on Site: 55 **Total Linear Feet Altered:** 55

Total Buffer/Upland Review Area Altered: 0

Total Area of Wetlands and/or Watercourses Restored, Enhanced, or Created: 0

Were there prudent and feasible alternatives to the proposed wetland, watercourse, and upland review area alterations? No

If yes, what were they?

If no, why not? **Wall needs to be repaired for safety and for soil retention to protect lake from erosion.**

Is this property within 500 feet of a town line? No

(If yes, the applicant must notify the adjacent municipal wetlands agency by certified mail, return receipt requested, on the same day of filing this application with the Inland Wetlands Commission/Land Use Office. Documentation of this notice shall be provided to the Commission.)

Does any portion of this proposed project fall within a Public Watershed Protection Zone (R-WP)? No

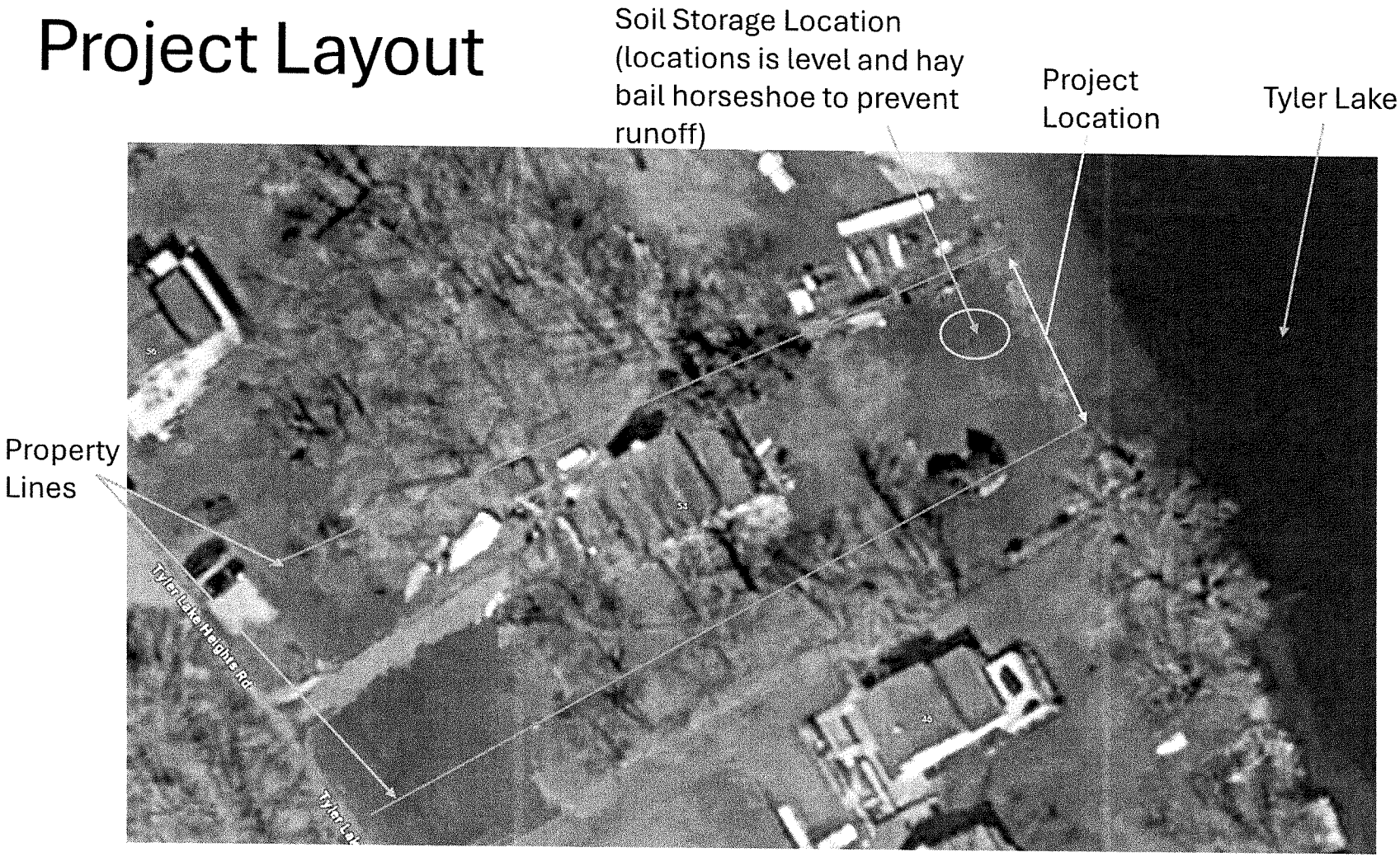
(If yes, the applicant must notify the Water Company by certified mail, return receipt requested, on the same day of filing this application with the Inland Wetlands Commission/Land Use Office. Documentation of this notice shall be provided to the Commission.)

APPLICATION TYPE: Basic Application

Project Description

- Project is to replace the existing "wall" and stairwell with a stone wall and new stairwell.
- Current State
  - Current stairwell is collapsing and unsafe
  - Current wall is rocks piled loosely – frequently roll into sand beach
- Future State:
  - Wall will utilize existing rock and brought in rock as needed to construct mortarless stone wall at water's edge
  - Back of wall will have skim coat of mortar to prevent ice penetration from runoff
  - Stairs to be replace with granite slab stairwell to prevent roll over due to hydrostatic pressure

Project Layout



Project Phases

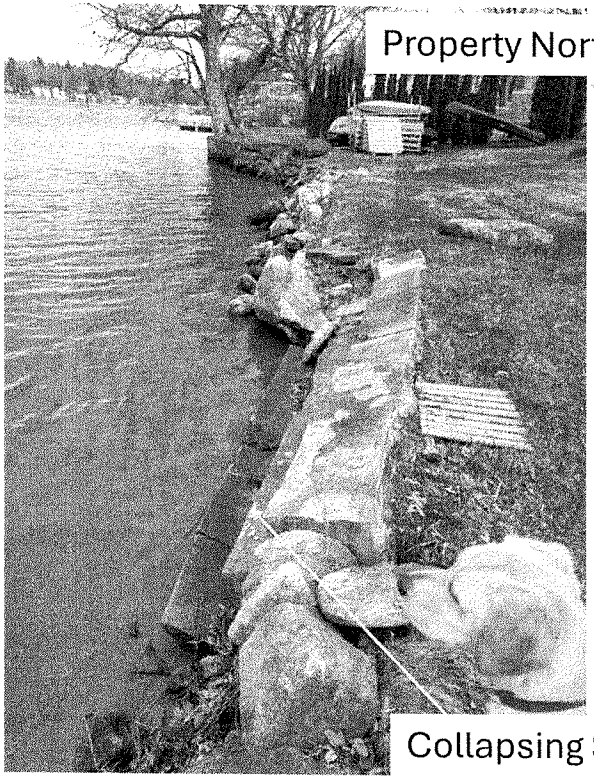
- Project intent is to complete in single phase. Project is intended to be completed within a couple weeks once started.
- All work to be completed from shoreline. No machinery on sand/lake bottom.

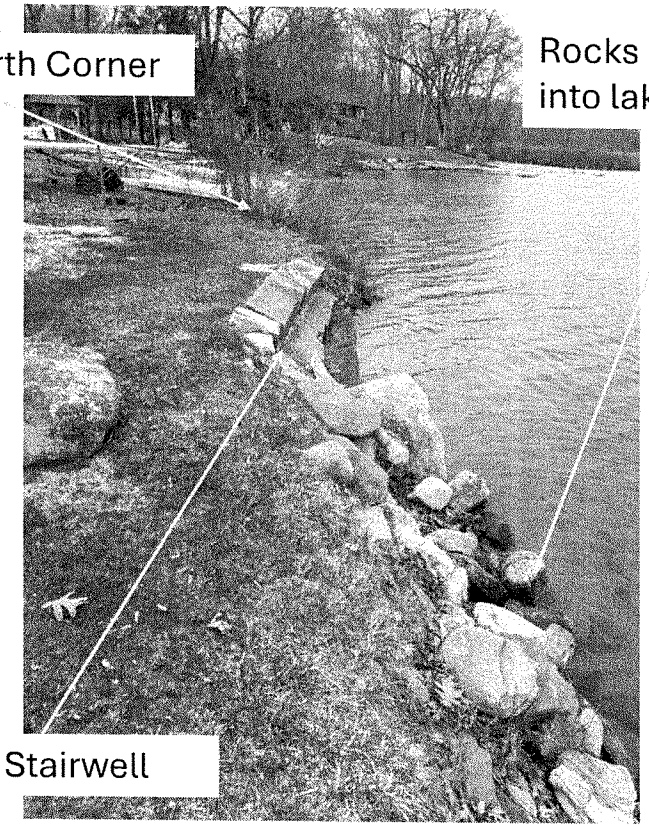
Retention post project

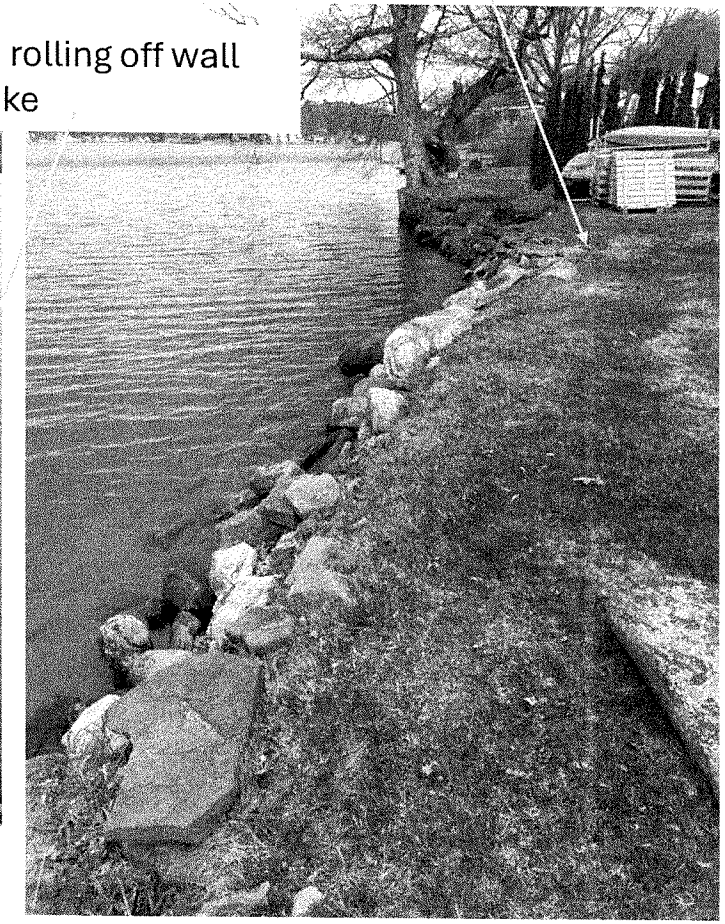
- Soil will be graded and grass seeded immediately following completion of the project (pending weather).
- Grass will be planted up to the edge of the wall, similar to current state yard.

Photos Taken 4/10/2026

Pictures of Current State Wall

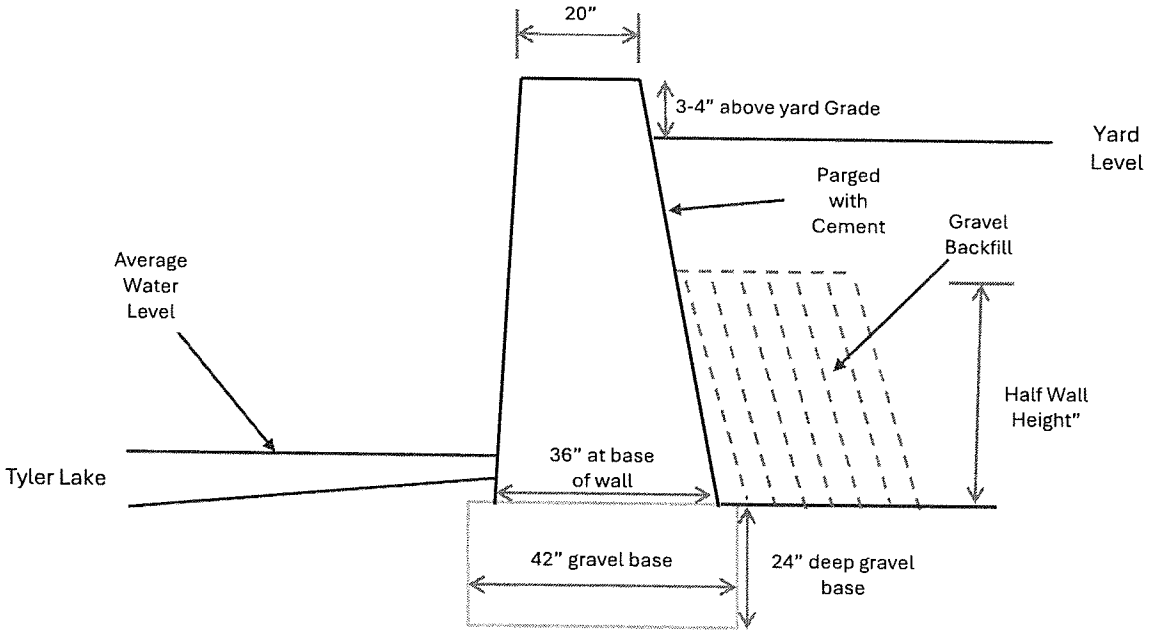






Wall Schematic

Typical Cross Section of Proposed Wall



Total Fee: 75.00

Draft

TOWN OF GOSHEN, CT

42A North Street Goshen, CT 06756
860-491-2308 ext.232

File no: _____
Received: _____
Approved: _____
Denied: _____
Fee Paid: _____

APPLICATION FOR INLAND WETLANDS AND WATERCOURSES PERMIT

06/30/2026

Draft

Site Location 84.5 SANDY BEACH ROAD Assessors Map 07 Lot 021 00 Zone RA5

Total Parcel Acreage .23 Total Area of Wetlands Disturbance 0

Owner of Record BEEBE BARBARA J & BEACH SUZANNE & (W)

Mailing Address 84.5 SANDY BEACH ROAD GOSHEN, CT 06756

Email Address scottebeebe@gmail.com

Applicant matthew perry Tel: (H) (W) 860 318 5370

Mailing Address 407 East street north Goshen ct 06756

Email Address perryexc@yahoo.com

Agent/Lessee Tel:(H) (W)

Mailing Address

Email Address

To the Inland Wetlands and Watercourses Commission:

I, Matthew Perry, hereby apply for an Inland Wetlands and Watercourses Permit, pursuant to Section(s) _____ of the Inland Wetlands and Watercourse Regulations for:

(describe proposed regulated activities)

Install holding tank

The undersigned hereby applies for an Inland Wetland and Watercourses Permit for the property described herein and confirms that:

1) He/She is familiar with the currently effective Inland Wetlands and Watercourse Regulations of the Town.
2) The statements and representation contained herein and in all supporting documents are true to the best of his/her knowledge.
3) By making this application, he/she gives permission to the Inland Wetlands and Watercourses Commission or its representative to enter the portions of the applicant's premises, which are the subject of this application for the purpose of inspection and investigation and otherwise evaluating the merits of the application.

Signature of Owner	Signature of Agent/Lessee	matthew perry Signature of Applicant

Nature and Purpose of Project: install holding tank

Applicant's Interest in Property: employed by home owner

Is there a conservation or preservation easement on any part of this property? _____ YES _____ NO

Total Property Acreage: 0.2 **Total Acreage of Development:** 0

Total Acreage of Wetlands on Site: 0 **Total Acreage Altered:** 0

Total Acreage of Open Water Body on Site: 0 **Total Acreage Altered:** 0

Total Linear Feet of Watercourses on Site: 100 **Total Linear Feet Altered:** 200 sq

Total Buffer/Upland Review Area Altered: 0

Total Area of Wetlands and/or Watercourses Restored, Enhanced, or Created: 0

Were there prudent and feasible alternatives to the proposed wetland, watercourse, and upland review area alterations?

_____ YES ● NO

If yes, what were they?

If no, why not?

Is this property within 500 feet of a town line? _____ YES ● NO

(If yes, the applicant must notify the adjacent municipal wetlands agency by certified mail, return receipt requested, on the same day of filing this application with the Inland Wetlands Commission/Land Use Office. Documentation of this notice shall be provided to the Commission.)

Does any portion of this proposed project fall within a Public Watershed Protection Zone (R-WP)?

_____ YES ● NO

(If yes, the applicant must notify the Water Company by certified mail, return receipt requested, on the same day of filing this application with the Inland Wetlands Commission/Land Use Office. Documentation of this notice shall be provided to the Commission.)

APPLICATION TYPE:

● **Basic Application** _____ **Permit Extension/Transfer** _____ **Agent Determination**

_____ **Declaratory Ruling** _____ **Subdivision Lots** _____ _____ **After-the-Fact Activity**

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

Permit #

18071

T A H D Is A Equal Opportunity Provider

Design Review For Subsurface Sewage Disposal System

Lot #	Street #	Street Name	Town	Subdivision
	84.5	Sandy Beach	Goshen	

Owner	Owner Address	Town	State	Zip
Scott Beebe	84.5 Sandy Beach	Goshen	Ct.	06756

860-601-1839
Owner Telephone

Agent's Name

Colby Engineering And
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: April 14, 2025 Plan prepared by William Colby

Plan Approval Date: May 28, 2025 # Of Bedrooms: 2

Septic System Type	Tank Size	Field Sq Ft.	Length Of Septic System
	1000		

☒ 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**.

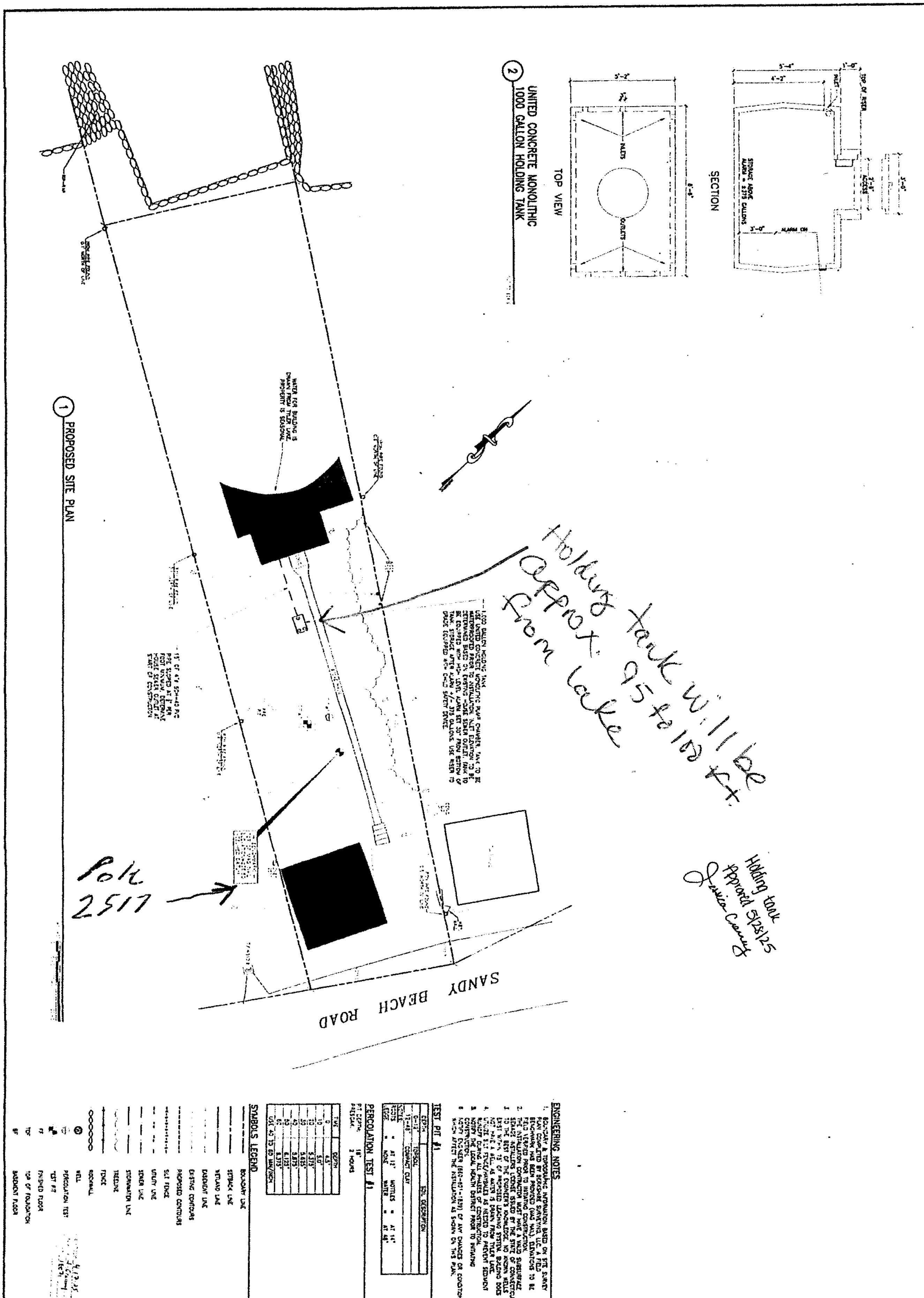
☐ Engineer Design	☐ Select Fill Required	☐ As Below
☐ Percolation Test In Fill	☐ Curtain Drain	☐ In Place Sieve Test Required
☐ Engineer As Built Required	☐ Engineer Supervision	☐ Low Flow Water Treatment
☐ Field Staking By Engineer	☐ As-built Installer	

Holding tank only.

State approval dated 5/23/25

Approved By: _____ Director Of Health

Jessica Cauley
Sanitarian



PROPOSED HOLDING TANK INSTALLATION
PREPARED FOR SCOTT BEEBE
84.5 SANDY BEACH ROAD
GOSHEN, CONNECTICUT

25020

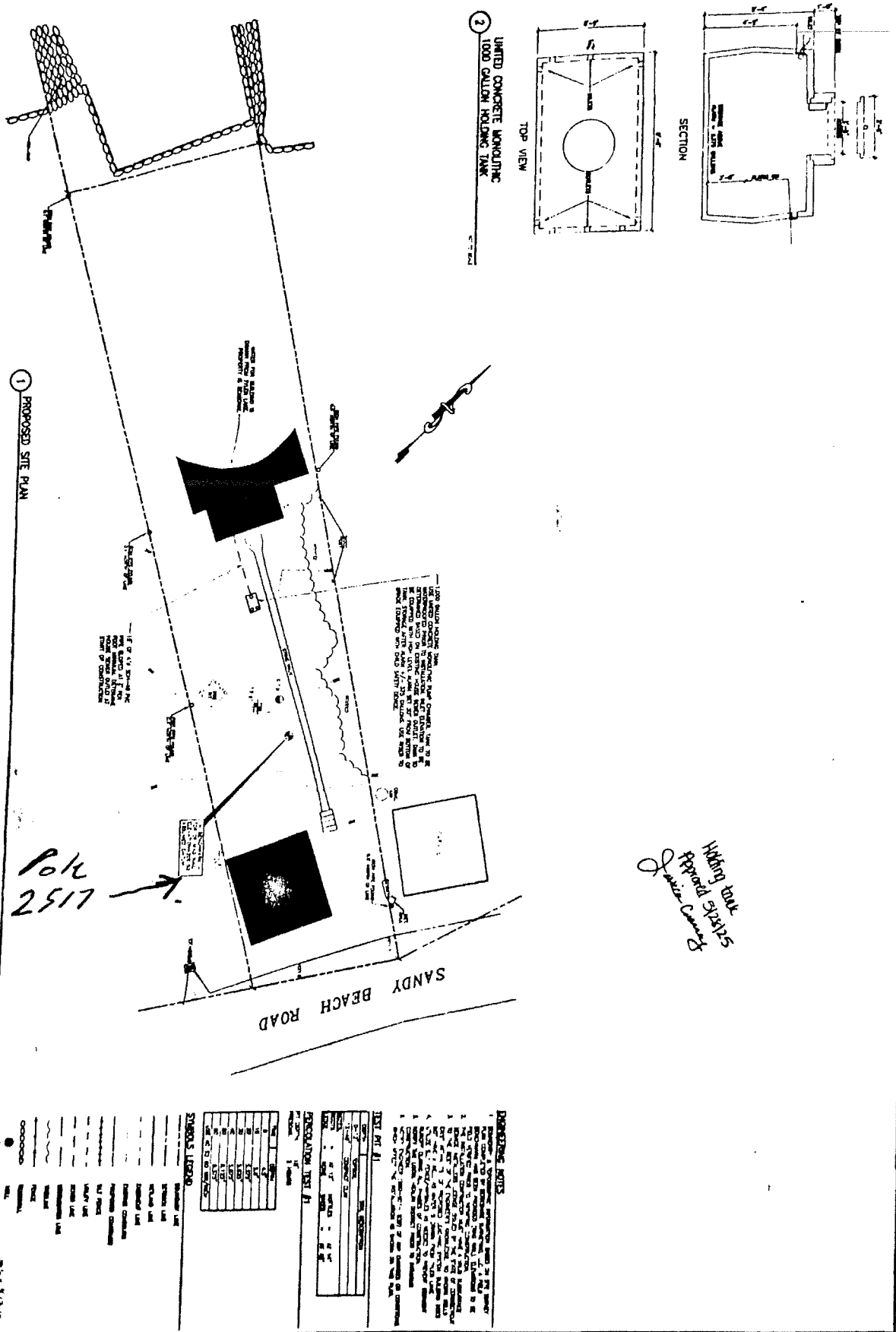
CS-101

DES'D BY	: WGC
APP'D BY	: WGC
DRAWN BY	: JMM
SCALE	: AS-NOTED
DATE	: 04-14-25
REVISION DATE:	

CEC | Colby Engineering And Consulting, LLC

(860) 601-1839

4 BRYNMOOR COURT
GOSHEN, CONNECTICUT 06756



CS-101	25020	**PROPOSED HOLDING TANK INSTALLATION** **PREPARED FOR SCOTT BEEBE** **84.5 SANDY BEACH ROAD** **GOSHEN, CONNECTICUT**

DES'D BY	WGC
APP'D BY	WGC
DRAWN BY	JMM
SCALE	AS-NOTED
DATE	04-14-25
REVISION DATE:	

CEC | Colby Engineering And Consulting, LLC
(860) 601-1639
4 BRYNMOOR COURT
GOSHEN, CONNECTICUT 06756

EVERSOURCE

Work Request Update

Work Request Type:
Change/Upgrade - Existing Service Overhead- Small (<=400A)

Work Request Number:
26693945

Job Location:
84 1/2 SANDY BEACH ROAD

Dear Valued Customer,

We are writing to notify you that Eversource has completed the following work:

* Request Type: Change/Upgrade - Existing Service Overhead- Small (<=400A)
* Request Number: 26693945
* Job Location: 84 1/2 SANDY BEACH ROAD

If a meter set is required and has not yet been installed, please allow up to 3 additional business days.

If your request is for a removal of service, this email confirms the removal of the existing Eversource electric service at the above address, as requested.

Please contact us if you have any questions, and we will be happy to assist you.

Sincerely,
Eversource Electric Service Support Center.
18885444826
CTNewService@Eversource.com

Sent from an unmonitored mailbox - please do not reply.

9589 0710 5270 3506 0151 31

Certified Mail Fee	$5.30
$	$0.00
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$ $0.00
☐ Return Receipt (electronic)	$ $0.00
☐ Certified Mail Restricted Delivery	$ $0.00
☐ Adult Signature Required	$ $0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.78
$	
Total Postage and Fees	$6.08
$	

LITCHFIELD CT 06759
Postmark Here
JUN 13 2026
06/13/2026
USPS

Sent To Susan Beauregard
Street and Apt. No., or PO Box No. 10 DEERWOOD RD
City, State, ZIP+4® WESTPORT, CT 06880

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 3506 0151 31

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

Sharon, CT 06069

OFFICIAL USE

Certified Mail Fee	$5.30
$	$0.00
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$ $0.00
☐ Return Receipt (electronic)	$ $0.00
☐ Certified Mail Restricted Delivery	$ $0.00
☐ Adult Signature Required	$ $0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.78
$	
Total Postage and Fees	

LITCHFIELD CT 06759
Postmark Here
JUN 13 2026
06/13/2026
USPS

Total Fee: 135.00

Draft

TOWN OF GOSHEN, CT

42A North Street Goshen, CT 06756
860-491-2308 ext.232

File no: _____
Received: _____
Approved: _____
Denied: _____
Fee Paid: _____

APPLICATION FOR INLAND WETLANDS AND WATERCOURSES PERMIT

08/03/2026

Draft

Site Location 316 SHARON TURNPIKE Assessors Map 06 Lot 050 0A Zone _____

Total Parcel Acreage 1.12 Total Area of Wetlands Disturbance 0

Owner of Record YVON ABBEY & JONATHAN Tel: (H) 6174705265 (W) _____

Mailing Address 316 SHARON TURNPIKE GOSHEN, CT 06756

Email Address abbeyyvon@gmail.com

Applicant Richard Bette Tel: (H) _____ (W) _____

Mailing Address 310 Sharon Turnpike Goshen CT 06756

Email Address rbette.swc@gmail.com

Agent/Lessee Richard Bette Tel:(H) 8606018318 (W) _____

Mailing Address 310 Sharon Turnpike Goshen CT 06756

Email Address rbette.swc@gmail.com

To the Inland Wetlands and Watercourses Commission:

I, Rick Bette, hereby apply for an Inland Wetlands and Watercourses Permit, pursuant to Section(s) _____ of the Inland Wetlands and Watercourse Regulations for:

(describe proposed regulated activities)

Enclosure of existing deck, new deck, Mudroom entry

The undersigned hereby applies for an Inland Wetland and Watercourses Permit for the property described herein and confirms that:

1) He/She is familiar with the currently effective Inland Wetlands and Watercourse Regulations of the Town.
2) The statements and representation contained herein and in all supporting documents are true to the best of his/her knowledge.
3) By making this application, he/she gives permission to the Inland Wetlands and Watercourses Commission or its representative to enter the portions of the applicant's premises, which are the subject of this application for the purpose of inspection and investigation and otherwise evaluating the merits of the application.

YVON ABBEY & JONATHAN
Signature of Owner

Richard Bette
Signature of Agent/Lessee

Richard Bette
Signature of Applicant

Nature and Purpose of Project: Improvements to existing residence. Addition of a deck, 7X30 on piers Enclosing ex isting exterior stairway to include a mudroom entrance adjacent to existing garage. Enclosing existing deck

Applicant's Interest in Property: Representative

Is there a conservation or preservation easement on any part of this property? No

Total Property Acreage:	1.12	**Total Acreage of Development:**	402SF
Total Acreage of Wetlands on Site:	0	**Total Acreage Altered:**	0
Total Acreage of Open Water Body on Site:	0	**Total Acreage Altered:**	0
Total Linear Feet of Watercourses on Site:	0	**Total Linear Feet Altered:**	0
Total Buffer/Upland Review Area Altered:	402SF		

Total Area of Wetlands and/or Watercourses Restored, Enhanced, or Created: 0

Were there prudent and feasible alternatives to the proposed wetland, watercourse, and upland review area alterations? No

If yes, what were they?

If no, why not? Improvements to existing building

Is this property within 500 feet of a town line? No

(If yes, the applicant must notify the adjacent municipal wetlands agency by certified mail, return receipt requested, on the same day of filing this application with the Inland Wetlands Commission/Land Use Office. Documentation of this notice shall be provided to the Commission.)

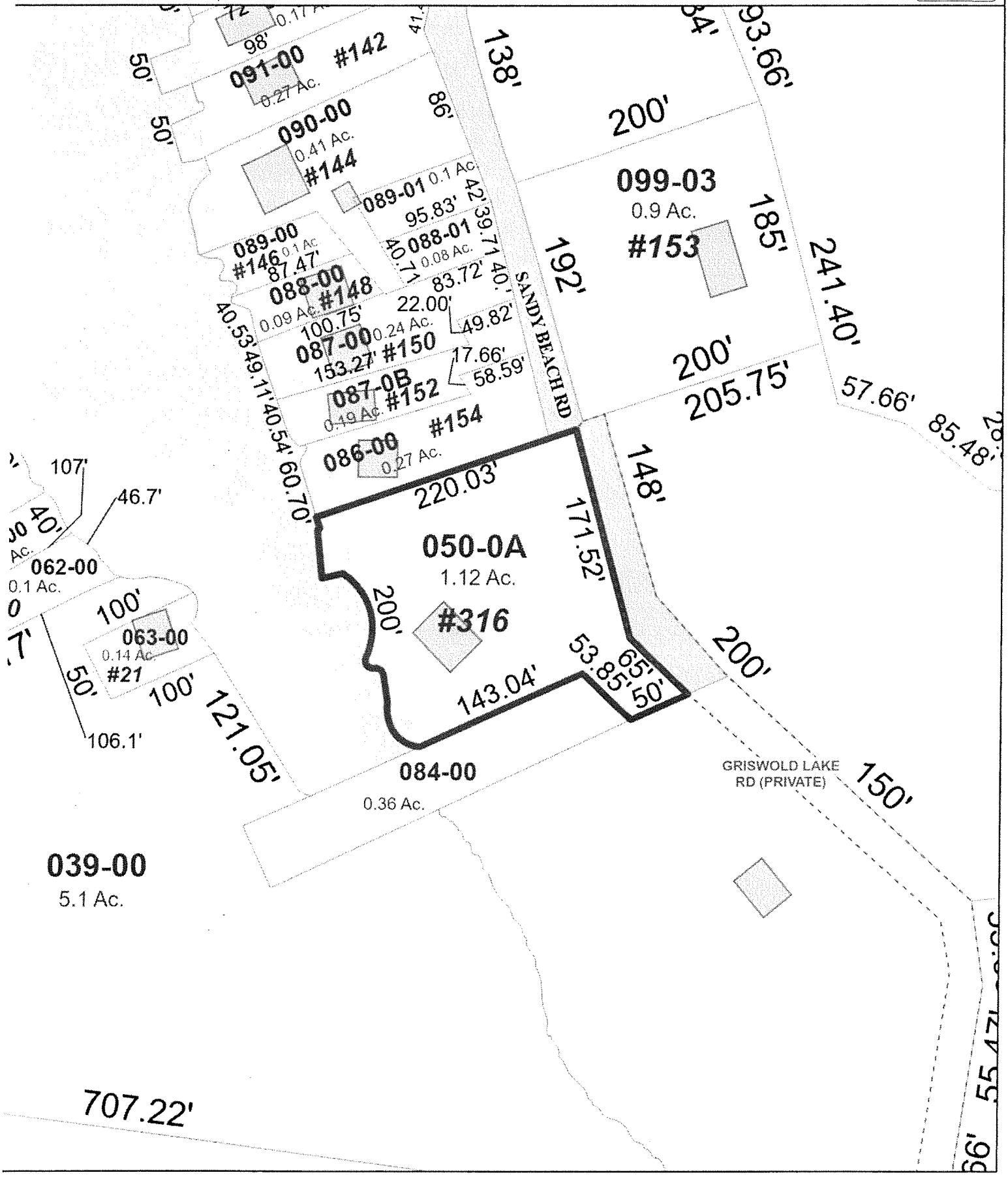
Does any portion of this proposed project fall within a Public Watershed Protection Zone (R-WP)? No

(If yes, the applicant must notify the Water Company by certified mail, return receipt requested, on the same day of filing this application with the Inland Wetlands Commission/Land Use Office. Documentation of this notice shall be provided to the Commission.)

APPLICATION TYPE: Basic Application (Lots: 0)

Town of Goshen, Connecticut - Assessment Parcel Map

Parcel: 1532 **Location:** 1532



Approximate Scale: 1:1,200

0 50 100 150 200 Feet

Map Produced: June 2026

PERCOLATION TEST DATA

CEC PERCOLATION TEST 1 (CPT#1)
DEPTH: 17 INCHES
PRESOAK: NONE (SATURATED SOIL)

TIME	DEPTH TO WATER (IN.)	PERCOLATION RATE (MIN/IN)
0	6 1/2"	---
5	7 1/8"	8.00
10	7 7/16"	16.00
15	7 3/4"	16.00
20	8 1/16"	16.00
25	8 3/8"	16.00
30	8 5/8"	20.00
35	8 7/8"	20.00
40	9 1/8"	20.00
45	9 3/8"	20.00
50	9 5/8"	20.00
55	9 13/16	26.67

SELECT SAND FILL REQUIREMENTS

SIEVE	% PASSING
#4	100%
#10	70%-100%
#40	10%-50%
#100	0%-20%
#200	0%-5%

DESIGN CALCULATIONS

DESIGN BASIS = 3 BEDROOM
FLOW FACTOR = 1.5
PERCOLATION RATE = 10.1 – 20 MIN./INCH
PERCOLATION FACTOR = 1.5
DEPTH TO RESTRICTIVE LAYER = 18 INCHES
SLOPE OF PROPERTY = 13%
HYDRAULIC FACTOR = 28
MLSS = FFxPFxHF = 1.5x1.5x28 = 63 FEET
MLSS PROVIDED = 68 FEET (GEOMATRIX 6212)
LEACHING AREA REQUIRED = 675 SQ. FT.
LEACHING AREA PROVIDED = 680 SQ. FT.
68 FEET x 10 SQ. FT./ LIN. FT. = 680 SQ. FT.

DIMENSIONAL INFORMATION

EXISTING HOUSE FOOTPRINT =948 SQ. FT.
EXISTING HOUSE OVERALL SIZE =22' x 36'
EXISTING HOUSE DISTANCE TO PROPERTY LINE:
NORTH = 33.00'
EAST = 128.38'
SOUTH = 115.06'
WEST = 14.15'

PROPOSED HOUSE FOOTPRINT =936 SQ. FT.
PROPOSED HOUSE OVERALL SIZE =36' x 26'
PROPOSED HOUSE DISTANCE TO PROPERTY LINE:
NORTH = 102.46'
EAST = 134.08'
SOUTH = 48.22'
WEST = 40.42'

SPECIAL NOTE

SEE PLAN BY RALPH STANTON, JR. DATED FEBRUARY 25, 2005 FOR TEST PIT, AND PERCOLATION TEST RESULTS.

PROJECT DESCRIPTION

THIS PROJECT CONSISTS OF THE DEMOLITION OF AN EXISTING 3-BEDROOM HOUSE, CONSTRUCTION OF A NEW 3-BEDROOM HOUSE, DRILLING OF A NEW WELL, AND THE INSTALLATION OF CODE COMPLIANT SEPTIC SYSTEM.

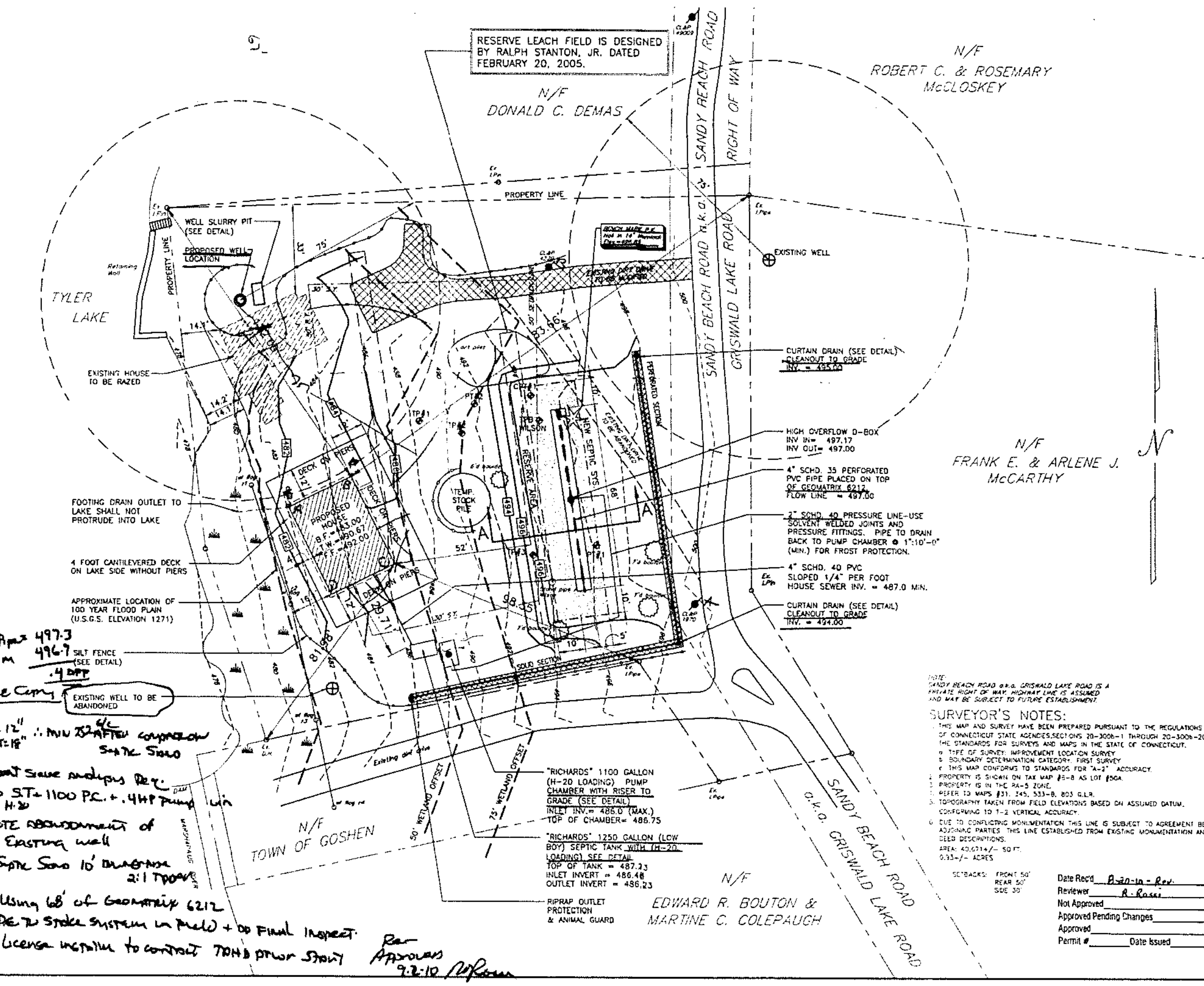
THIS PLANS PRESENTS A RE-DESIGN, AT THE REQUEST OF THE HOMEOWNER, OF A PLAN PREPARED BY COLBY ENGINEERING AS A RESULT THIS PLAN IS SIGNIFICANTLY BASED ON FIELD TESTING COMPLETED BY MR. RALPH STANTON. THIS PLAN WAS ALSO UTILIZED FOR BOUNDARY, TOPOGRAPHIC, AND STRUCTURE LOCATIONS. AS A RESULT PROPERTY BOUNDARIES SHOULD BE VERIFIED PRIOR TO BREAKING GROUND. CEC COMPLETED A PERCOLATION TEST IN THE AREA OF THE PROPOSED "PRIMARY" LEACHFIELD AND VERIFIED THE DESIGN PERCOLATION RATE UTILIZED ON MR. STANTON'S PLAN (i.e., 10 TO 20 MINUTES PER INCH). BASED ON THIS PERCOLATION RATE CEC PROPOSES THE FOLLOWING MODIFICATIONS:

1. REPLACE PROPOSED PRIMARY LEACHFIELD = 68 LINEAR FEET OF GEOMATRIX 6212
2. UTILIZE GRAVITY FLOW FROM HOUSE TO SEPTIC TANK.
3. PLACE PUMP CHAMBER AFTER SEPTIC TANK TO CONVEY GRAY WATER TO LEACHFIELDS

CEC DOES NOT PROPOSE ANY MODIFICATION TO THE RESERVE LEACHFIELD DESIGN PROPOSED BY MR. STANTON SINCE THE DESIGN PERCOLATION RATE IN THIS AREA IS GREATER (i.e., 30 TO 45 MINUTES PER INCH.

ENGINEERING NOTES

1. BOUNDARY AND TOPOGRAPHIC INFORMATION BASED ON SITE DEVELOPMENT PLAN COMPLETED BY RALPH STANTON, JR., P.E., R.S., S.S., AND RONALD MCCARTHY, L.L.S. A FIELD BENCHMARK HAS BEEN PROVIDED (PK NAIL IN 14" HEMLOCK). ELEVATIONS TO BE FIELD VERIFIED PRIOR TO INITIATING CONSTRUCTION.
2. THE INSTALLATION CONTRACTOR MUST HAVE A VALID SUBSURFACE SEWAGE INSTALLERS LICENSE ISSUED BY THE STATE OF CONNECTICUT.
3. LEACHING TRENCH, CURTAIN DRAIN, AND WELL MUST BE STAKED BY A LICENSED SURVEYOR PRIOR TO INITIATING CONSTRUCTION.
4. LEACHING TRENCHES MUST REMAIN 18 INCHES ABOVE THE RESTRICTIVE LAYER, WHICH WAS DETERMINED TO BE APPROXIMATELY 18 INCHES BELOW GRADE (loam to clay transition). CARE SHOULD BE TAKEN DURING REMOVAL OF TOPSOIL IN ORDER TO MINIMIZE REMOVAL OF EFFLUENT RECEIVING LAYER (12 TO 22 INCHES BELOW GRADE). SELECT SAND SHOULD BE UTILIZED AS NECESSARY TO ENSURE AFOREMENTIONED 18-INCH SEPARATION DISTANCE.
5. AREA OF PROPOSED SEPTIC SHOULD REMAIN UNDISTURBED PRIOR TO INITIATING CONSTRUCTION OF LEACHING FIELDS.
6. SELECT SAND FILL MUST MEET TAHD APPROVAL. APPROXIMATE VOLUME OF SELECT SAND IS 175 CUBIC YARDS. THE ESTIMATE DOES NOT INCLUDE COMPACTION OR THE SELECT SAND EXCAVATED FROM TRENCH AREAS (approximately 25 cubic yards).
7. HOUSE FOUNDATION IS TO BE EQUIPPED WITH FOOTING DRAINS. PRIMARY AND RESERVE SYSTEMS SHOWN ARE GREATER THAN 50 FEET UPGRADIENT.
8. SCARIFY SUBSOIL PRIOR TO PLACEMENT OF SELECT SAND. DO NOT OPERATE WHEELED EQUIPMENT ON SCARIFIED SOIL
9. ALL SELECT SAND SHOULD BE PUT IN PLACE BY A TRACKED MACHINE AND COMPACTED EVERY FOOT.
10. COVER LEACHING SYSTEM WITH 6" TOPSOIL AND GRADE TO PROMOTE DRAINAGE.
11. PUMP CHAMBER DIMENSIONS ASSUME RICHARDS 1000 GALLON TANK (20 GAL PER INCH). PUMP SETTINGS SHOULD BE ADJUSTED, IF AN ALTERNATE TANK IS USED, TO ENSURE +/-150 GALLONS PER PUMP CYCLE AND +/-300 GALLON RESERVE. PUMP TO BE MYERS 0.4 HP CAT ME40M11 OR EQUAL. RISERS TO BE EXTENDED TO GRADE TO ALLOW EASY ACCESS.
12. PRESSURE LINE SHOULD DRAIN BACK TO PUMP CHAMBER AT THE END OF PUMP CYCLE. IF FIELD CONDITIONS DO NOT PERMIT, PRESSURE LINES SHOULD HAVE A MINIMUM OF 48" OF COVER TO PREVENT FREEZING.
13. NO KNOWN WELLS EXIST WITHIN 75 FEET OF PROPOSED LEACHING SYSTEM. BUILDING TO BE SERVED BY A PRIVATE WELL. NO KNOWN LEACHING SYSTEMS EXIST WITHIN 75 FEET OF PROPOSED WELL.
14. UTILIZE SILT FENCE/HAYBALES AS NEEDED TO PREVENT SEDIMENT RUNOFF DURING ALL PHASES OF CONSTRUCTION.
15. NOTIFY TAHD PRIOR TO INITIATING CONSTRUCTION.
16. NOTIFY ENGINEER (491-9664) OF ANY CHANGES OR CONDITIONS, WHICH AFFECT THE INSTALLATION AS SHOWN ON THIS PLAN.



Tp Ppe 497.3
BM 496.7
.4 DPP
OFFICE Copy

1) TS = 12" ∴ MIN 12" 4/c AFTER compaction MOTT: 18" Select Sand
2) Recent Sieve analysis Req.
3) 1250 ST + 1100 P.C. + .4 HP pump H-20
4) Note abandonment of Existing well
5) Septic Sand 10' Shoulder 2:1 Taper
6) Using 68' of Geomatrix 6212
7) Re-To Stake System in Field + do Final Inspect
8) License installer to contact TAHD prior Start

Rev Approved 9.2.10 [signature]

NOTE:
SANDY BEACH ROAD a.k.a. GRISWALD LAKE ROAD IS A PRIVATE RIGHT OF WAY. HIGHWAY LINE IS ASSUMED AND MAY BE SUBJECT TO FUTURE ESTABLISHMENT.

SURVEYOR'S NOTES:

1. THIS MAP AND SURVEY HAVE BEEN PREPARED PURSUANT TO THE REGULATIONS OF CONNECTICUT STATE AGENCIES,SECTIONS 20-300b-1 THROUGH 20-300b-20,AND THE STANDARDS FOR SURVEYS AND MAPS IN THE STATE OF CONNECTICUT.
   a. TYPE OF SURVEY: IMPROVEMENT LOCATION SURVEY
   b. BOUNDARY DETERMINATION CATEGORY: FIRST SURVEY
   c. THIS MAP CONFORMS TO STANDARDS FOR "A-2" ACCURACY.
2. PROPERTY IS SHOWN ON TAX MAP #5-8 AS LOT #50A.
3. PROPERTY IS IN THE RA-5 ZONE.
4. REFER TO MAPS #31, 345, 533-B, 803 G.L.R.
5. TOPOGRAPHY TAKEN FROM FIELD ELEVATIONS BASED ON ASSUMED DATUM. CONFORMING TO T-2 VERTICAL ACCURACY.
6. DUE TO CONFLICTING MONUMENTATION THIS LINE IS SUBJECT TO AGREEMENT BETWEEN ADJOINING PARTIES. THIS LINE ESTABLISHED FROM EXISTING MONUMENTATION AND DEED DESCRIPTIONS.

AREA: 40,671+/- SQ.FT.
0.93+/- ACRES

SETBACKS: FRONT 50'
REAR 50'
SIDE 30'

Date Rec'd 8-20-10 - Rev.
Reviewer R. Rossi
Not Approved ______
Approved Pending Changes ______
Approved ______
Permit # ______ Date Issued ______

DESIGN OF SEPTIC SYSTEM REPAIR
FRANK E. & ARLENE J. McCARTHY
156 SANDY BEACH ROAD
GOSHEN, CT

[signature] WILLIAM C. COLBY

SEAL

DES'D BY	: WGC
APP'D BY	: WGC
DRAWN BY	: NORTHWEST D&D
SCALE	: 1"=20'
DATE	: 7-29-2010
REVISION DATE	: 8-17-2010

CEC | Colby Engineering And Consulting, LLC
4 BRYNMOOR COURT
GOSHEN, CONNECTICUT 06756
(860) 491-9664

PROJECT: 05-005

FIGURE 1

OFFICE COPY

Torrington Area Health District

1116 Litchfield St., Torrington, CT 06790

Telephone 489-0436 / 482-9787

1-800-584-1116

Fax 496-8243 (TAHD)

James B. Rokos
M.S., M.P.H.
Director of Health

Gilbert A. Roberts
B.A., R.S.
Director of Environmental Health

August 12, 1996

Mr. Frank McCarthy
421 Janet Lane
Orange, CT. 06477

Dear Mr. McCarthy,

On August 9, 1996 a review was made by this Department of a proposal to install both a well and septic system to service the dwelling located at 156 Sandy Beach Road, Goshen, CT.

The parcel consisting of approximately 40,000 square feet and owned by Ms. Marion Horton is show on a map submittted by Davis R. Wilson P.E. dated July 1996. Deep hole and percolation test date was also included and dated June 27, 1996.

As a result of this material review and field evaluation, we are in agreement with Mr. Wilson's assessment that this parcel can satisfactorily accommodate both a well and subsurface sewage disposal system for a single family dwelling within the area tested. However, certain conditions must be agreed to which are as follows:

1) The number of bedrooms or potential bedrooms cannot exceed two.
2) The dwelling must be elevated to a height which will allow gravity flow to a septic tank to be situated 50 feet from waters edge. This 50 foot set-back is a T.A.H.D. granted variance.
3) Drainage located along Sandy Beach Road must be collected and directed via piping toward the lake along the northern property line.

4) Lastly, prior to the issuance of any septic permit, an individual sanitary design prepared by a professional engineer must be submitted for review and approval to this Department.

Please contact this office should you have any questions.

Sincerely,

Richard O. Rossi
Senior Sanitarian

ROR:jf
cc: Attorney Stephanie Weaver

TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790
Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail info@tahd.org ♦ Web Address www.tahd.org

Addition Application

This is not a building permit.
You must obtain a permit from the Building Inspector prior to any construction.

Frank Mc Carthy	156 Sandy Beach Rd.	Goshen
Owner	Address of Proposed Addition	Town

10 Cornfield Lane	Woodbridge	CT	06525	203-415-5153
Owner Address	Town	ST	Zip	Owner Telephone

Existing Records? yes **Septic Permit Number:** 12181 **Lot Size:** .9 AC.

Information Supplied By: Owner **Septic Sytem Designed By:** William Colby

The application **must** be accompanied by a **check** made payable to **TAHD** in the amount of:

ACCESSORY STRUCTURE : $35.00 **HABITABLE STRUCTURE: $55.00**

WELL AND SANITARY SEWER: $35.00 **(Return Check Fee on any item: $25.00)**

Application shall be accompanied by a SKETCH (on back) showing the relative distances from the proposed addition to the well and septic system.

Size of Addition 24' x 24' ☒ "field investigation"

Description of Addition Two story 2-car detached garage with second story used for storage. No water service as per TAHD.

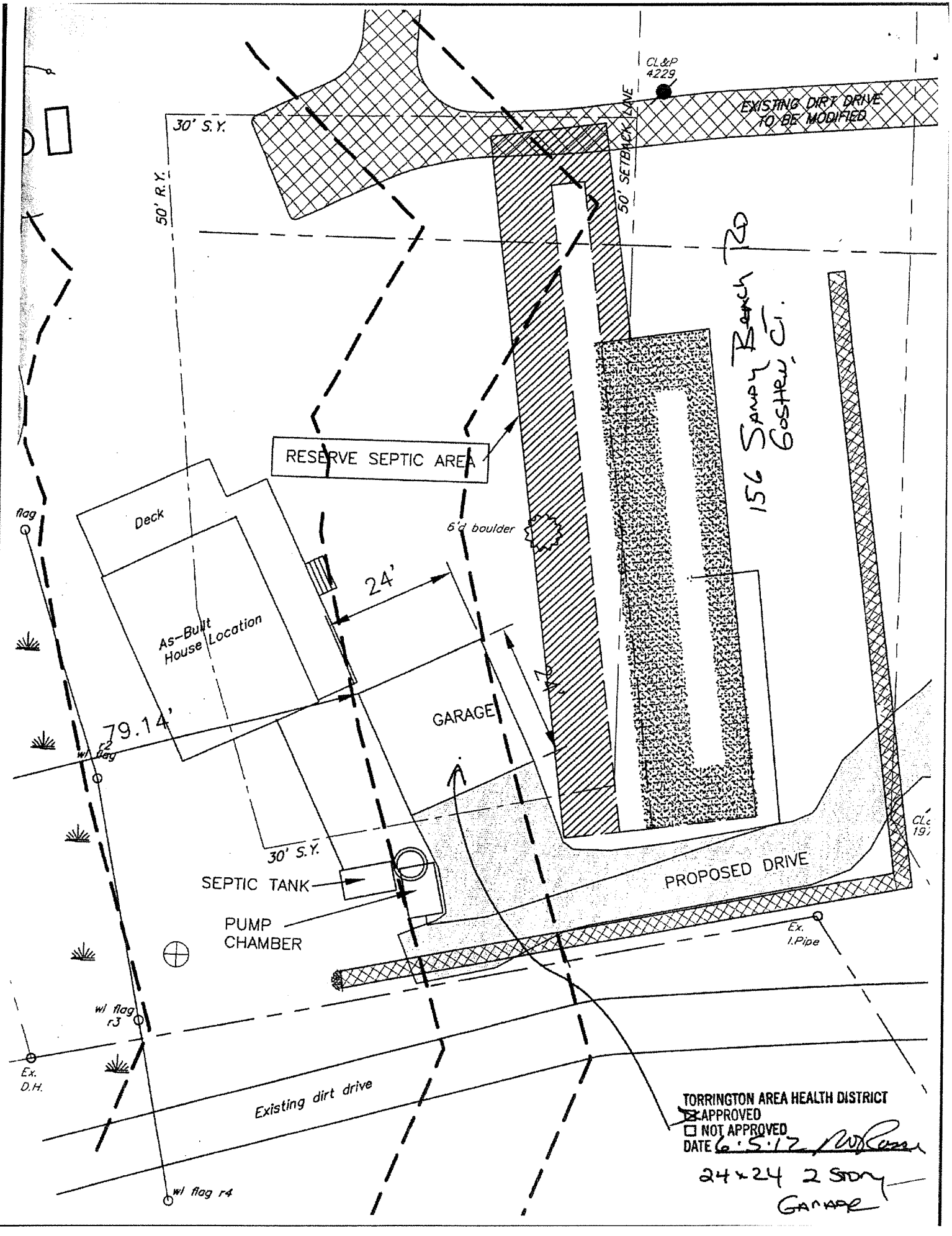
Signature of Applicant: Frank Mc Carthy 3-12-2012 Date

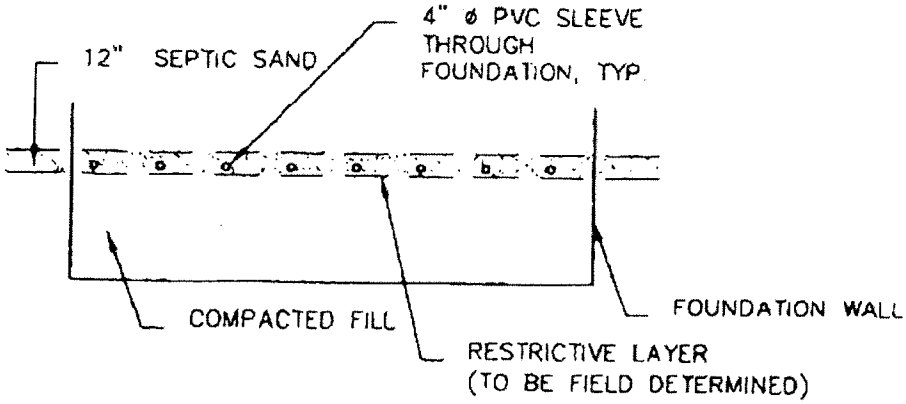
TAHD USE ONLY BELOW LINE

☒ **APPROVED** ☐ **DENIED**

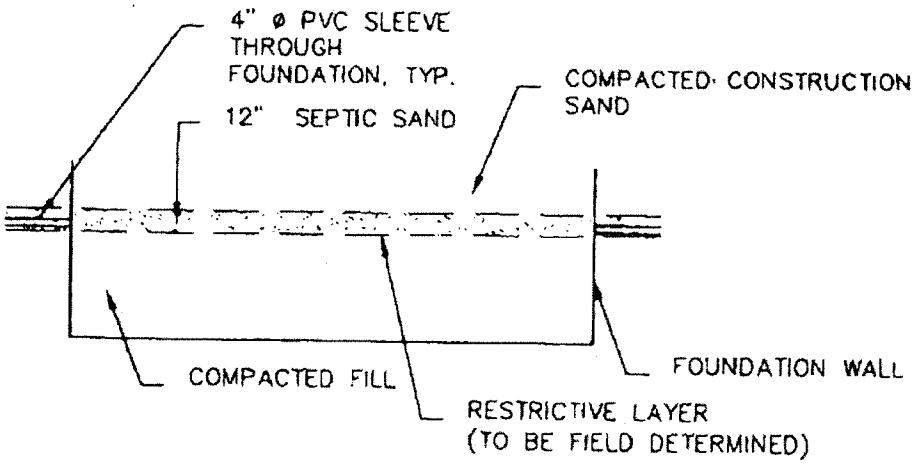
Proximity to septic trench may pose a hydraulic obstruction. State Health Dept. review is required. As a result, this proposal includes a flow thru foundation to resolve the hydraulic problem.

Sanitarian: **Richard Rossi** Decision Date: 6-5-2012


CL&P
4229
EXISTING DIRT DRIVE
TO BE MODIFIED
30' S.Y.
50' R.Y.
50' SETBACK LINE
156 Sandy Beach Rd
Goshen, Ct.
RESERVE SEPTIC AREA
flag
Deck
6'd boulder
24'
As-Built
House Location
79.14'
w/ flag r2
GARAGE
24'
30' S.Y.
SEPTIC TANK
PUMP
CHAMBER
PROPOSED DRIVE
Ex.
I.Pipe
w/ flag
r3
Ex.
D.H.
Existing dirt drive
w/ flag r4
TORRINGTON AREA HEALTH DISTRICT
☒ APPROVED
☐ NOT APPROVED
DATE 6.5.17
24x24 2 Story
Garage



ELEVATION VIEW



5.7.12

PROFILE VIEW

Flow Thru Foundation
156 Sandy Beach Rd
Goshen

Colby Engineering And Consulting, LLC 4 Hyperion Court (860) 491-9161 Goshen, Connecticut	PROPOSED GARAGE FOUNDATION DETAIL FRANK E. & ARLENE J. McCARTHY 156 SANDY BEACH ROAD GOSHEN, CT	Date: 5-7-2012 Scale: 1" = 8' (Unless shown otherwise)	Job #: 12-017 Sheet: 1 OF 1

TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790
Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail info@tahd.org ♦ Web Address www.tahd.org

"Promoting Health & Preventing Disease Since 1967"

PAID $100 - 10-19-06

APPLICATION & APPROVAL FOR A SEPTIC SYSTEM REPAIR

Notes: This Approval Expires 12 Months From Date Of Issuance.
This Is Only A Plan Approval – Not A Permit To Construct - Installer Must Obtain A Separate Permit Prior To Work.

STREET ADDRESS 156 Sandy Beach Road TOWN Goshen

OWNER'S NAME Frank McCarthy LOT # _____

OWNER MAILING ADDRESS (If different from above) _____ PHONE _____

TO BE COMPLETED IF REPAIR IS DESIGNED BY AN ENGINEER

ENGINEER Colby PHONE 491-9664

ENGINEER ADDRESS 4 Boyhmoor Ct

MAILING ADDRESS _____ TOWN Goshen ZIP 06756

RESIDENTIAL STRUCTURE

NUMBER of BEDROOMS 3 TOILETS / SINKS in BASEMENT YES ( ) NO XX

TREATMENT SYSTEM THAT BACKWASHES TO THE SEPTIC SYSTEM YES ( ) NO ( )

JACUZZI or WHIRLPOOL _____ CAPACITY in GALLONS _____ GARBAGE GRINDER YES ( ) NO ( )

COMMERCIAL OR NON-RESIDENTIAL

SQUARE FOOTAGE of BUILDING _____ NUMBER OF EMPLOYEES _____

INTENDED USE _____

DESIGN FLOW _____

TOILETS / SINKS in BASEMENT **YES ( ) NO ( )**

A COPY OF ANY EASEMENTS OR DEED RESTRICTIONS MUST BE ATTACHED

This application must be accompanied by the fee of $100.00 (Returned Check Fee **$25**)

- If a survey or plot plan of the property is available, please include a copy with this application. In the absence of a survey map, Torrington Area Health District will use information on property lines provided by the applicant. The accuracy of this data is the responsibility of the applicant.
- Torrington Area Health District will provide septic system design parameters based on site testing and information provided by the applicant. A repair sketch and specifications may also be included for the convenience of the applicant. These specifications are non-binding and alternative design layouts prepared by a Licensed Septic Installer or Professional Engineer may be submitted to Torrington Area Health District for review and approval.
- The applicant understands that the results of any tests conducted by or on behalf of the Torrington Area Health District are public information. The responsibility for the proper maintenance and operation of this septic system is entirely the owner's.

APPLICANT SIGNATURE John M. Colby **DATE** 10-17-06 **PHONE** 491-9664

APPLICATION # 12181 **FOR HEALTH DISTRICT USE ONLY** REVIEWED BY Rossi APPROVAL DATE 10.31.06

REVISION Approval - 9.2.10

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

Permit # **12181**

T A H D Is A Equal Opportunity Provider

Design Review For Subsurface Sewage Disposal System

Lot #	Street #	Street Name	Town	Subdivision
	156	Sandy Beach Rd.	Goshen	

Owner	Owner Address	Town	State	Zip
Arline & Frank Mc Carthy	10 Cornfield Lane	Woodbridge	Ct.	06525

Builder	Builder Address

Engineer	Engineer Address	Town	State	Zip
Ralph Stanton/ Bill Colby	92 Canaan Valley Rd.	Canaan	Ct.	06018

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: October 16, 2006 Plan prepared by William Colby

Plan Approval Date: October 31, 2006 # Of Bedrooms: 3

Septic System Type	Tank Size	Field Sq Ft.	Legnth Of Septic System
12" Geomatrix 6212	1250	680	68'

☒ 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 Both Sides Of This Form. Please Read Them Carefully.

☒ Engineer Design	☒ Field Staking By Engineer	☒ Engineer Supervision
☐ Percolation Test In Fill	☒ Select Fill Required	☐ As-built Installer
☒ Engineer As Built Required	☒ Curtain Drain	☐ As Below

This Approved Septic Design Is To Be Held By Tahd Until 3-bedroom House Plans Have Been Rec'd And Approved. (R O R 10/31/06).

Approved By: _____ Director Of Health

_____ Sanitarian

PAID $125 - 9-27-10 CK 8840

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

Permit to Construct

A Subsurface Sewage Disposal System

Fee : $125.00

12181 | 9-27-10 | 9-26-11
Permit # | Date Issued | Expires

☐ **New Septic System** ☐ **Repair Septic System** ☐ I

156 | Sandy Beach Rd. | Goshen
Street # | Street Name | Town | Lot # | Subdivision

Arline & Frank Mc Carthy | 203-387-8740
Owner | Telephone

Colby | 005838 | 860-601-1839
Licensed Installer | License # | Installer Tel#

Ralph Stanton/ Bill Colby | (860) 824-0343
Engineer | Engineer Telephone

Specific Conditions:

☒ Engineer Design	☒ Curtain Drain
☐ Percolation Test in Fill	☒ Engineer Supervision
☒ Engineer As Built Required	☐ As-Built Installer
☒ Field Staking by Engineer	☐ As Below
☒ Select Fill Required	

(3) Perk Tests in Fill by Engineer
◉ Required ○ Not Required

Variances Granted
◉ Yes ○ No If Yes, see notes !

Notes THIS APPROVED SEPTIC DESIGN IS TO BE HELD BY TAHD UNTIL 3-BEDROOM HOUSE PLANS HAVE BEEN REC'D AND APPROVED. (R O R 10/31/06).

A Permit To Construct:

3 Number of Bedrooms
1250 Gallon septic tank
680 Square feet of subsurface disposal system
68' Linear feet of subsurface disposal system
12" Geomatrix 6212 Septic system type
October 16, 2006 Plan design dated
William Colby Designed by
October 31, 2006 Health District approved date
Richard Rossi Approving Sanitarian

Installer signature _____

Sanitarian _____

TAHD IS AN EQUAL OPPORTUNITY PROVIDER

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

Permit to Construct

A Subsurface Sewage Disposal System

Fee : $125.00

13451
Permit # Date Issued Expires

☐ **New Septic System** ☒ **Repair Septic System** ☐ **Dep System**

581 Sharon Turnpike Goshen
Street # Street Name Town Lot # Subdivision

Jane/ Richard Skargensky 860-491-3376
Owner Telephone

Bill Colby 005838 860-601-1839
Licensed Installer License # Installer Tel#

541 Sharon Tpke Goshen 06756
Installer street **Installer mail town** **zip**

Colby Engineering And 860-601-1839
Engineer Engineer Telephone

Specific Conditions:

☒ Engineer Design	☒ Select Fill Required	☐ As Below
☒ Percolation Test in Fill	☐ Curtain Drain	☒ In Place Sieve test Requred
☒ Engineer As Built Required	☐ Engineer Supervision	
☒ Field Staking by Engineer	☐ As-Built Installer	

(3) Perk Tests in Fill by Engineer
◉ Required ○ Not Required

Variances Granted
◉ Yes ○ No If Yes, see notes !

Notes

A Permit To Construct:

2 Number of Bedrooms
1000 Gallon septic tank
520 Square feet of subsurface disposal system
52' Linear feet of subsurface disposal system
12" Geomatrix 6212 Septic system type
September 20, 2011 Plan design dated
William Colby Designed by
September 29, 2011 Health District approved date
Richard Rossi Approving Sanitarian

Installer signature
Sanitarian R O Rossi

TAHD IS AN EQUAL OPPORTUNITY PROVIDER

156 Sandy Beach Rd

Advance Testing

3348 Route 208, Campbell Hall, NY 10916
Phone: 845-496-1600 Fax: 845-496-1398
25 Hathorn Road, Enfield, NH 03748
42 Day Farm Road, West Stockbridge, MA 01266

Client:	**Segalla Sand and Gravel Inc.**	**Project:**	Quality Control
Material:	Washed Sand #1	**Project Number:**	080015
Source:	Allyndale Road	**Lab Number:**	10-0889
Date Sampled:	9/27/2010	**Sampled By:**	Client
Date Tested:	9/28/2010	**Tested By:**	Ken Harris

GRADATION (SIEVE ANALYSIS) OF SOIL OR AGGREGATE

Test Method(s): ASTM D422, C136, C117, AASHTO T88, T27, T11

Lab Number	Sample Type	Sampling Location	Specification
10-0889	Washed Sand #1	Stockpile	ASTM C33

Sieve Size		% Retained	% Passing	Spec. % Pass
mm	Inches			
25.0 mm	1"	0.0	100.0	
9.5 mm	3/8"	0.0	100.0	100
4.75 mm	#4	2.2	97.8	95-100
2.36 mm	#8	12.2	85.6	80-100
1.18 mm	#16	23.8	61.8	50-85
0.600 mm	#30	25.2	36.6	25-60
0.300 mm	#50	20.9	15.7	5-30
0.150 mm	#100	10.8	4.9	0-10
0.075 mm	#200	2.8	2.1	
Pan		2.1		

Comments: **Test results comply with specification**
Minus #200 by wash-sieve method.

Report Reviewed By: Emily J. Rodriguez

Hard Copy

Torrington Area Health District

350 Main St. - Suite A
Torrington, Ct 06790

Permit To Discharge

For A Private Subsurface Sewage Disposal System

Lot #	Street #	Street Name	Town	Subdivision
	156	Sandy Beach Rd.	Goshen	

Arline & Frank Mc Carthy — Owner
203-387-8740 — Telephone

12181 — Permit number
Colby Excavation — Licensed Installer
05838 — License Number

System Data ☐ New Septic System ☐ Repair Septic System ☐ Dep System ☐ B100a Prelim

Tank Size	Field Sq Ft.	Septic System Type	Gal/day Or # Of Bedrooms
1250	680	12" Geomatrix 6212	3

Manner Of Discharge	Volume Of Discharge
Pump System	126 C/C

Restrictions Or Special Requirements
The Private Subsurface Sewage Disposal System Serving The Above Premises Was Constructed Essentially In Accordance With Plans Filed With The Torrington Area Health District And The Terms Of The Permit To Construct Issued For This System. Proper Operation And Maintenance Of This System Is Required Including Pumping Of The Tank Every Three To Five Years. This Permit To Discharge Shall Not Be Construed As Permission To Create Or Maintain Any Sewage Nuisance And In The Issuance Of This Permit To Discharge, The Torrington Area Health District Assumes No Responsibility For The Future Operation And Maintanance Of The System.

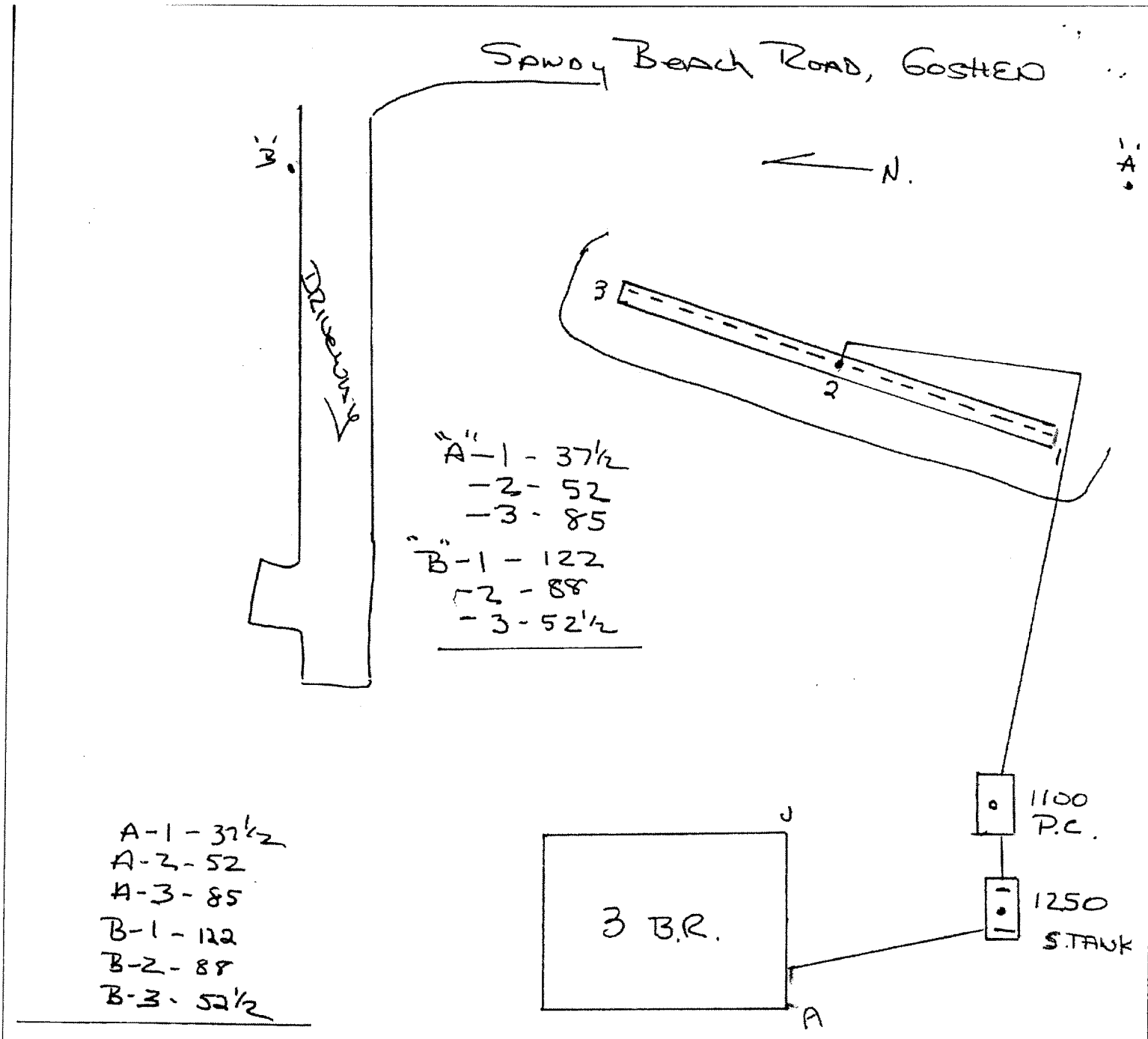
Conditions — Variances Granted ◉ Yes ○ No — If Yes, See Conditions

Gilbert Roberts — Inspected By
Chief Sanitarian — Title

Date Of Final Ispection	Issuance Date	Expiration Date
10-11-2010	2 Sep, 10	2 Sep, 15

Issued By: Richard Rasor
(Director Of Health Or Registered Sanitarian)

T A H D Is an equal opportunity provider and employer.



68 LF. of Geomatrix
6212

156 Sawdy Beach Road
Goshen, CT. 06756

Scale 1" - 20'

SEPTIC SYSTEM AS-BUILT INFORMATION
PROPERTY OF FRANK & ARLENE McCARTHY
156 SANDY BEACH ROAD
GOSHEN, CT

Prepared By:
Colby Engineeering & Consulting, LLC
4 Brynmoor Court
Goshen, Connecticut 06756
(860) 491-9664

ELEVATION AS-BUILT VALUES

POINT I.D.	INSTRUMENT READING	ELEVATION
Benchmark	0.94	499.9
South End Flowline	3.85	496.99
D-Box Out Flowline	3.77	497.07
D-Box In Flowline	3.63	497.21
Flowline at D-Box	3.83	497.01
North End Flowline	3.78	497.06

Notes:

1. Benchmark set by Ronald McCarthy, LLS (Spike in SNET Telephone Pole #1970).

LOCATION AS-BUILT VALUES
(See Attached Diagram)

I.D.	Location I.D.	Distance From A	Distance From B
1	South End of Trench	37.5	122.0
2	Distribution Box	52.0	88.0
3	North End of Trench	85.0	52.5
4	C-Drain South Cleanout	6.0	128.0
5	C-Drain North Cleanout	92.0	46.5

Distance A to B equals 133
Measurements taken October 11, 2010
A = SNET Pole 1970 B = Pole on Drive
* As-Built to Tranferred to House when constructed.

SAND PAD PERCOLATION TEST
October 5, 2010

PT#1
Depth = 18 inches
T_0 = 10 inches
$T_{1\ min}$ = 13 inches
Perc = 0.33 min per inch
T_0 = 8 inches
$T_{1\ min}$ = 12.5 inches
$T_{2\ min}$ = 16.5 inches
Perc = 0.25 min per inch

PT#2
Depth = 24 inches
T_0 = 20 inches
$T_{2\ min}$ = 24 inches
Perc = 0.50 min per inch
T_0 = 18.5 inches
$T_{1\ min}$ = 21 inches
$T_{2\ min}$ = 23.5 inches
Perc = 0.40 min per inch

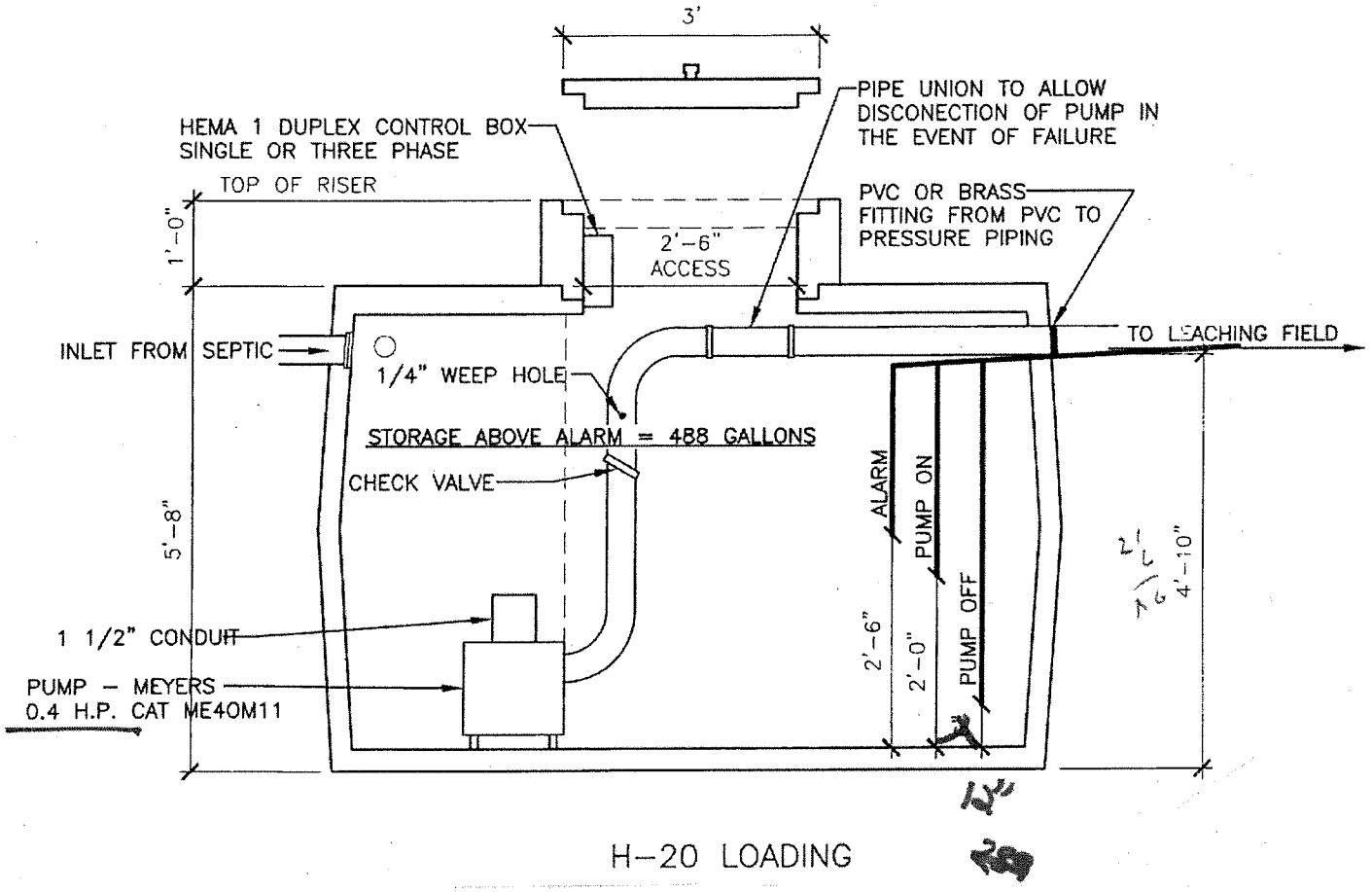
I HEREBY CERTIFY THAT THE SEPTIC SYSTEM WAS INSTALLED IN ACCORDANCE WITH THE APPROVED PLAN BY COLBY ENGINEERING & CONSULTING, LLC AND THAT I PERSONALLY SUPERVISED THE INSTALLATION

William G. Colby, P.E.
Manager

C-T - 31
D-T - 35

C-P - 34
D-P - 45

C-D - 26



H-20 LOADING

CPR-8 Rev. 7/95

PERMIT NUMBER
250577
Paid 175
7 22 11
CK 30608

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
REAL ESTATE & PROFESSIONAL TRADES DIVISION
WELL DRILLING PERMIT
165 Capitol Avenue, Hartford, Connecticut 06106

LOCATION OF WELL (Town) Goshen (Street) Sandy Beach Rd (Lot Number) 156 — DATE 7/22/11

OWNER OF WELL ☒ INDIVIDUAL ☐ BUILDER ☐ OTHER (Specify)

OWNER'S ADDRESS 10 Canfield Ave. Woodbridge

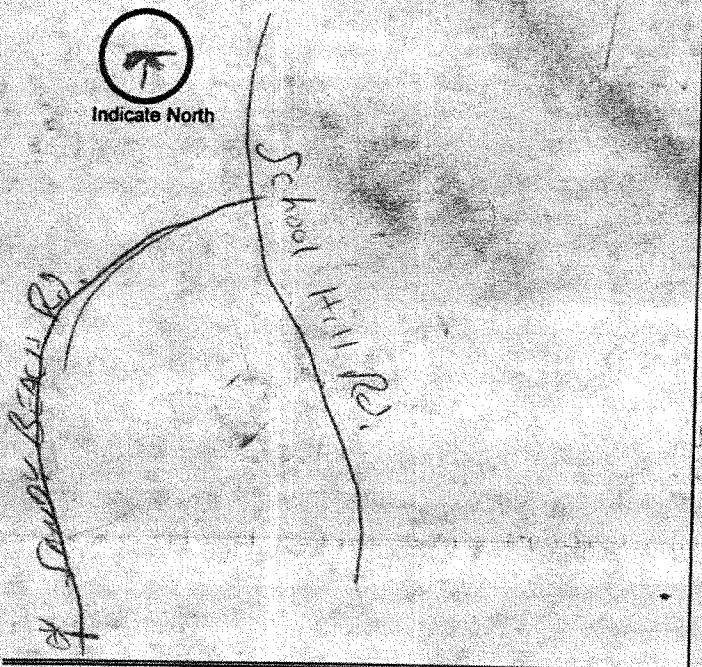
PROPOSED USE OF WELL: ☒ DOMESTIC ☐ BUSINESS ESTABLISHMENT ☐ FARM ☐ TEST WELL ☐ PUBLIC SUPPLY ☐ INDUSTRIAL ☐ AIR CONDITIONING ☐ OTHER (Specify)

Est. No. of People being served 4+

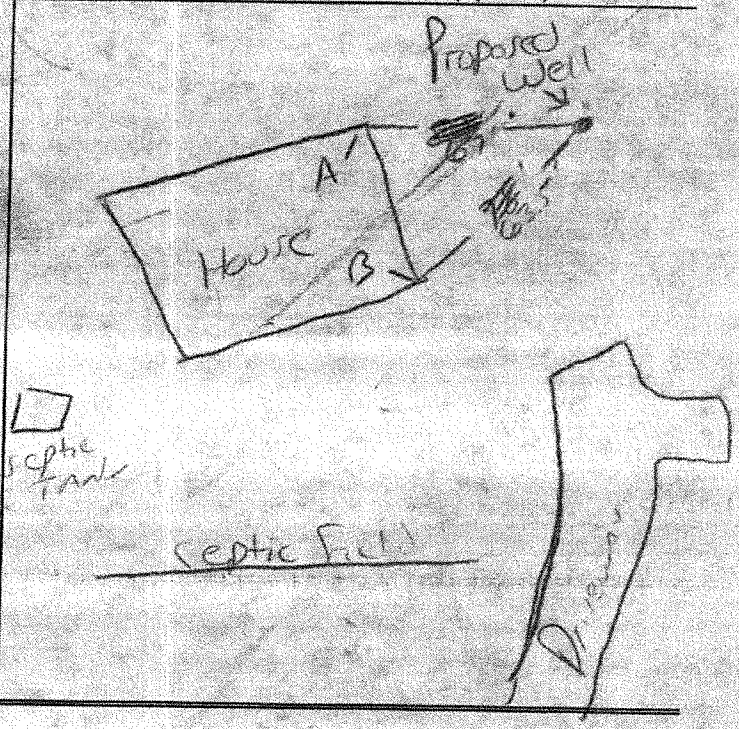
SKETCH OF WELL LOCATION

Locate well with respect to at least two roads, showing distance from intersection and front of lot

location of lot to at least two roads



Well location on to and to house (if present)



Approximate number of feet from well to nearest source of possible contamination: 100'

The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Department of Consumer Protection and the Water Resources Commission on the form provided by the agency. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

CT Wells 203 592 0496

APPLICANT (Signature) — APPLICANT'S ADDRESS 49 Hard Hill Rd Bethlehem Ct 06751 — REGISTRATION NO 4

☒ APPROVED ☐ REJECTED — BY (Town Health Officer or Agent) — DATE 11/1/11

REMARKS

DIRECTOR OF HEALTH

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
REAL ESTATE & PROFESSIONAL TRADES DIVISION
WELL DRILLLING COMPLETION REPORT
165 Capitol Avenue, Hartford, Connecticut 06106

DO NOT fill in
STATE WELL NO.
OTHER NO.

OWNER — NAME: FRANK MCCARTHY — ADDRESS: 10 CORNFIELD LANE WOODBRIDGE

LOCATION OF WELL — (No & Street): SANDY BEACH ROAD — (Town): GOSHEN — (Lot Number): 156

PROPOSED USE OF WELL — [X] DOMESTIC [ ] BUSINESS ESTABLISHMENT [ ] FARM [ ] TEST WELL [ ] PUBLIC SUPPLY [ ] INDUSTRIAL [ ] AIR CONDITIONING [ ] OTHER

DRILLING EQUIPMENT — [ ] ROTARY [X] COMPRESSED AIR PERCUSSION [ ] [ ] OTHER (Specify)

CASING DETAILS

LENGTH (feet)	DIAMETER (inches)	WEIGHT PER FOOT		DRIVE SHOE	WAS CASING GROUTED?
60	6	17	[X] THREA DED [ ] WELDED	[X] YES [ ] NO	[X] YES [ ] NO

YIELD TEST — [ ] BAILED [ ] PUMPED [X] COMPRESSED AIR — HOURS: 4 — YIELD (GPM): 15

WATER LEVEL

MEASURE FROM LAND SURFACE – STATIC (Specify feet)	DURING YIELD TEST (feet)	Depth of Completed Well in feet
25	215	220

SCREEN DETAILS — MAKE: — LENGTH OPEN TO AQUIFER (feet):

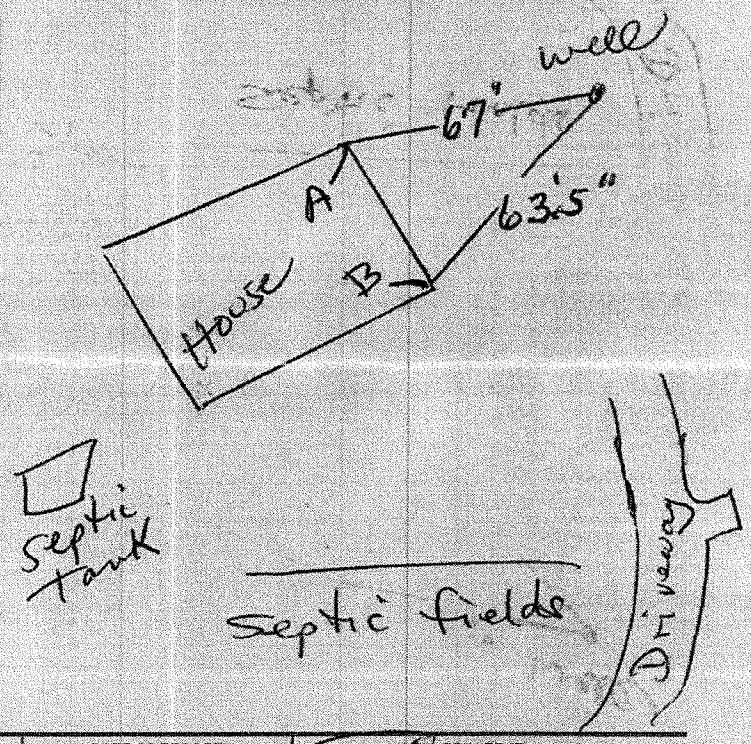
SLOT SIZE	DIAMETER (inches)	IF GRAVEL PACKED	Diameter of well including gravel pack (inches)	GRAVEL SIZE (inches)	FROM (feet)	TO (feet)

DEPTH FROM LAND TO SURFACE FEET TO FEET		FORMATION DESCRIPTION
0	50	GRAVEL
50	220	BEDROCK

If yield was tested at different depths during drilling, list below

FEET	GALLONS PER MINUTE
190	15

Sketch exact location of well with distances to at least two permanent landmarks



DATE WELL COMPLETED	PERMIT NO	REGISTRATION NO	DATE OF REPORT	WELL DRILLER (Signature)
08/11/11	002193	4	10/24/11	

Owner · Contractor · Dept of Consumer Protection · Dept of Environmental Protection - Water Resources · Local Director of Public Health

LITCHFIELD HILLS WATER TESTING

350 Main Street, Suite A, Torrington Connecticut 06790
Phone (860) 489-0436 Fax (860) 496-8243 E-mail info@tahd.org Web Address www.tahd.org

FOR: Mr. Frank McCarthy
10 Cornfield Lane
Woodbridge, CT 06526

Analysis Report

September 02, 2011

Sample Information		Custody Information		Date	Time
Matrix:	DRINKING WATER	Collected by:		08/31/11	10:00
Location Code:	LHWT-DW	Received by:	LDF	08/31/11	14:11

Laboratory Data

Client ID: 156 SANDY BEACH RD GOSHEN OUTSIDE FAUCET

Phoenix I.D.: BA70779

Parameter	Analysis Result	Maximum Contaminant Level	Maximum Advisory Level	Detection Limit	Measurement Units
Total Coliforms	Present	0/Absent		0	/100 mls
*** Total Coliforms exceeds POTABILITY levels ***					
Escherichia Coli	Absent	0/Absent		0	/100 mls
Nitrite as Nitrogen	< 0.01	1		0.01	mg/L
Nitrate as Nitrogen	< 0.05	10		0.05	mg/L
Calcium	37.2			0.010	mg/L
Chloride	< 3.0	250		3.0	mg/L
Chlorine Residual	bdl				mg/L
Color	30		15	1	P.C.U.
*** Color exceeds ADVISORY levels ***					
Iron	1.68		0.3	0.002	mg/L
*** Iron exceeds ADVISORY levels ***					
Fluoride	0.61		4.0	0.10	mg/L
Hardness (CaCO3)	124		200	0.1	mg/L
Magnesium	7.61			0.01	mg/L
Manganese	0.121		0.05	0.002	mg/L
*** Manganese exceeds ADVISORY levels ***					
Sodium	16.9		28	0.10	mg/L
Odor	< 1		2	1	T.O.N.
pH	7.99		6.4-10.0	0.10	pH
Sulfate	15		250	3.0	mg/L
Total Metal Digestion	Completed				
Turbidity	10.4		5	0.20	NTU
*** Turbidity exceeds ADVISORY levels ***					
Volatiles (524.2)					
1,1,1,2-Tetrachloroethane	ND			0.50	ug/L
1,1,1-Trichloroethane	ND		200	0.50	ug/L
1,1,2,2-Tetrachloroethane	ND			0.50	ug/L
1,1,2-Trichloroethane	ND		5	0.50	ug/L

LITCHFIELD HILLS WATER TESTING

350 Main Street, Suite A, Torrington Connecticut 06790
Phone (860) 489-0436 Fax (860) 496-8243 E-mail info@tahd.org Web Address www.tahd.org

FOR: Ms. Arline McCarthy
10 Cornfield Ln.
Woodbridge, CT 06525

Analysis Report

October 04, 2011

Sample Information		Custody Information		Date	Time
Matrix:	DRINKING WATER	Collected by:		09/30/11	10:00
Location Code:	LHWT-DW	Received by:	LDA	09/30/11	13:48

Laboratory Data

Client ID: 156 SANDY BEACH RD GOSHEN OUTDOOR TAP Phoenix I.D.: BA82662

Parameter	Analysis Result	Maximum Contaminant Level	Maximum Advisory Level	Detection Limit	Measurement Units
Total Coliforms	Absent	0/Absent		0	/100 mls
Escherichia Coli	Absent	0/Absent		0	/100 mls
Chlorine Residual	bdl				mg/L

Explanation: BDL = Below Detection Level, ND = Not Detected (less than the the value in the detection level column, which is the lowest amount the laboratory can detect and report.)

This sample represents a potable (drinkable) water supply for the parameters tested.

Residual Chlorine was taken at the time of sample collection and is noted on the chain of custody.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.

Phyllis Shiller, Laboratory Director
October 04, 2011

Phoenix I.D.: BA70779

Parameter	Analysis Result	Maximum Contaminant Level	Maximum Advisory Level	Detection Limit	Measurement Units
1,1-Dichloroethane	ND			0.50	ug/L
1,1-Dichloroethene	ND		7	0.50	ug/L
1,1-Dichloropropene	ND			0.50	ug/L
1,2,3-Trichlorobenzene	ND			0.50	ug/L
1,2,3-Trichloropropane	ND			0.50	ug/L
1,2,4-Trichlorobenzene	ND		70	0.50	ug/L
1,2,4-Trimethylbenzene	ND			0.50	ug/L
1,2-Dibromo-3-chloropropane	ND			0.50	ug/L
1,2-Dichlorobenzene	ND		600	0.50	ug/L
1,2-Dichloroethane	ND		5	0.50	ug/L
1,2-Dichloropropane	ND		5	0.50	ug/L
1,3,5-Trimethylbenzene	ND			0.50	ug/L
1,3-Dichlorobenzene	ND			0.50	ug/L
1,3-Dichloropropane	ND			0.50	ug/L
1,4-Dichlorobenzene	ND		75	0.50	ug/L
2,2-Dichloropropane	ND			0.50	ug/L
2-Chlorotoluene	ND			0.50	ug/L
4-Chlorotoluene	ND			0.50	ug/L
Benzene	ND		5	0.50	ug/L
Bromobenzene	ND			0.50	ug/L
Bromochloromethane	ND			0.50	ug/L
Bromodichloromethane	ND			0.50	ug/L
Bromoform	ND			0.50	ug/L
Bromomethane	ND			0.50	ug/L
Carbon tetrachloride	ND		5	0.50	ug/L
Chlorobenzene	ND		100	0.50	ug/L
Chloroethane	ND			0.50	ug/L
Chloroform	1.2			0.50	ug/L
Chloromethane	ND			0.50	ug/L
cis-1,2-Dichloroethene	ND		70	0.50	ug/L
cis-1,3-Dichloropropene	ND			0.50	ug/L
Dibromochloromethane	ND			0.50	ug/L
Dibromoethane	ND			0.50	ug/L
Dibromomethane	ND			0.50	ug/L
Dichlorodifluoromethane	ND			0.50	ug/L
Ethylbenzene	ND		700	0.50	ug/L
Hexachlorobutadiene	ND			0.50	ug/L
Isopropylbenzene	ND			0.50	ug/L
m&p-Xylene	ND			1.0	ug/L
Methyl Ethyl Ketone	ND			5.0	ug/L
Methyl t-butyl ether (MTBE)	ND			0.50	ug/L
Methylene chloride	ND		5	0.50	ug/L
Naphthalene	ND			0.50	ug/L

Phoenix I.D.: BA70779

Parameter	Analysis Result	Maximum Contaminant Level	Maximum Advisory Level	Detection Limit	Measurement Units
n-Butylbenzene	ND			0.50	ug/L
n-Propylbenzene	ND			0.50	ug/L
o-Xylene	ND			0.50	ug/L
p-Isopropyltoluene	ND			0.50	ug/L
sec-Butylbenzene	ND			0.50	ug/L
Styrene	ND		100	0.50	ug/L
tert-Butylbenzene	ND			0.50	ug/L
Tetrachloroethene	ND		5	0.50	ug/L
Toluene	29		1000	0.50	ug/L
Total Trihalomethanes	1.20		80	0.50	ug/L
Total Xylenes	ND		10000	1.0	ug/L
trans-1,2-Dichloroethene	ND		100	0.50	ug/L
trans-1,3-Dichloropropene	ND			0.50	ug/L
Trichloroethene	ND		5	0.50	ug/L
Trichlorofluoromethane	ND			0.50	ug/L
Vinyl chloride	ND		2	0.50	ug/L

Explanation: BDL = Below Detection Level, ND = Not Detected (less than the the value in the detection level column, which is the lowest amount the laboratory can detect and report.)

This sample represents a NON-Potable (UN-Drinkable) water supply for the parameters tested.

Residual Chlorine was taken at the time of sample collection and is noted on the chain of custody.
The regulatory hold time for pH is immediately. This pH was performed in the laboratory and may be considered outside of hold-time.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.

Phyllis Shiller

Phyllis Shiller, Laboratory Director
September 02, 2011

156 Sandy Beach Rd
Goshen

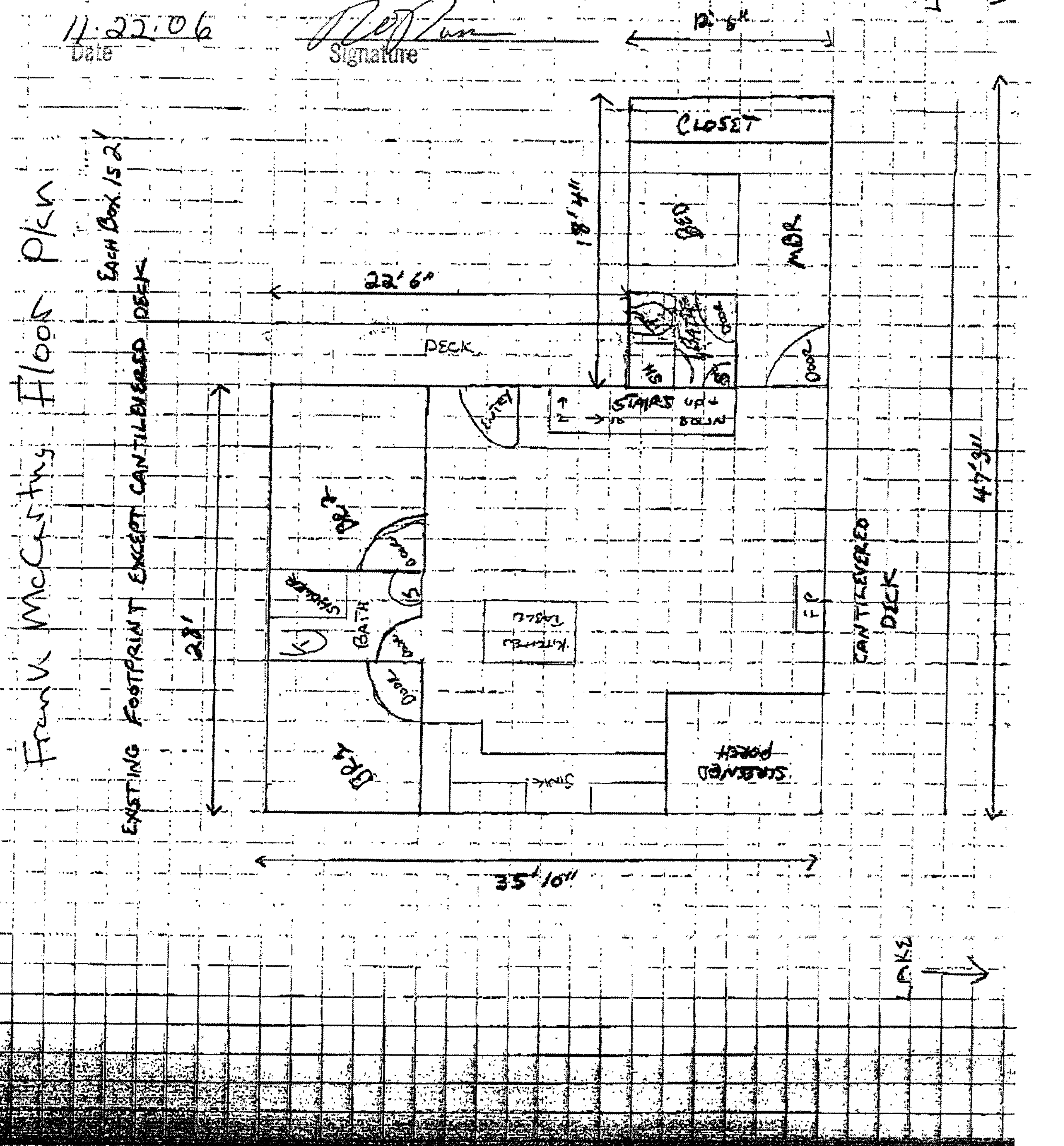
TORRINGTON AREA HEALTH DISTRICT

Basis For Septic System

Dwelling Containing 3 Bedrooms

Commercial Building Discharging ______ Gals/Day

11.22.06 [signature]
Date Signature



Silent Wind Consulting LLC
Rick Bette
310 Sharon Turnpike
Goshen CT 06756

August 3rd, 2026

Yvon Residence
316 Sharon Turnpike
Goshen CT 06756

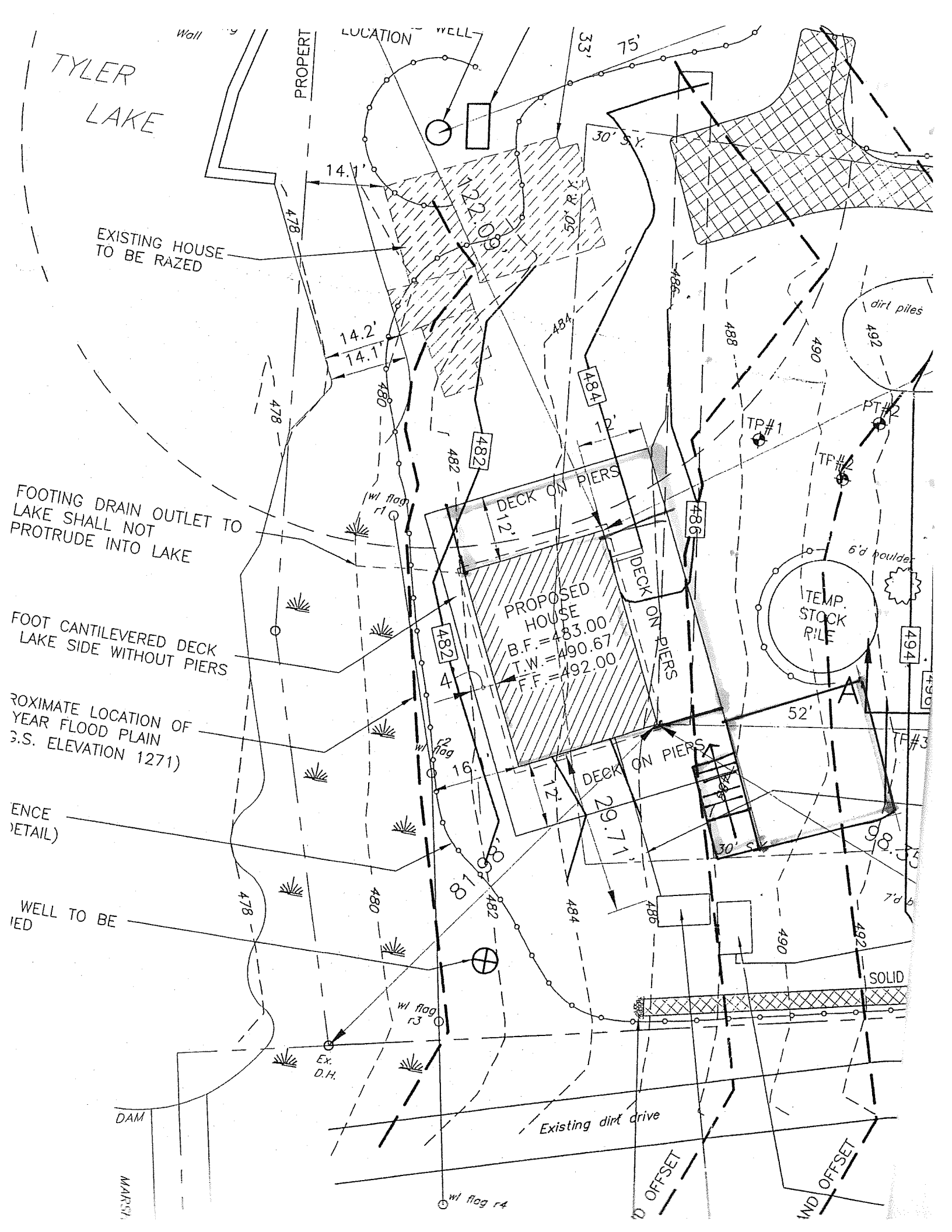
Work overview:

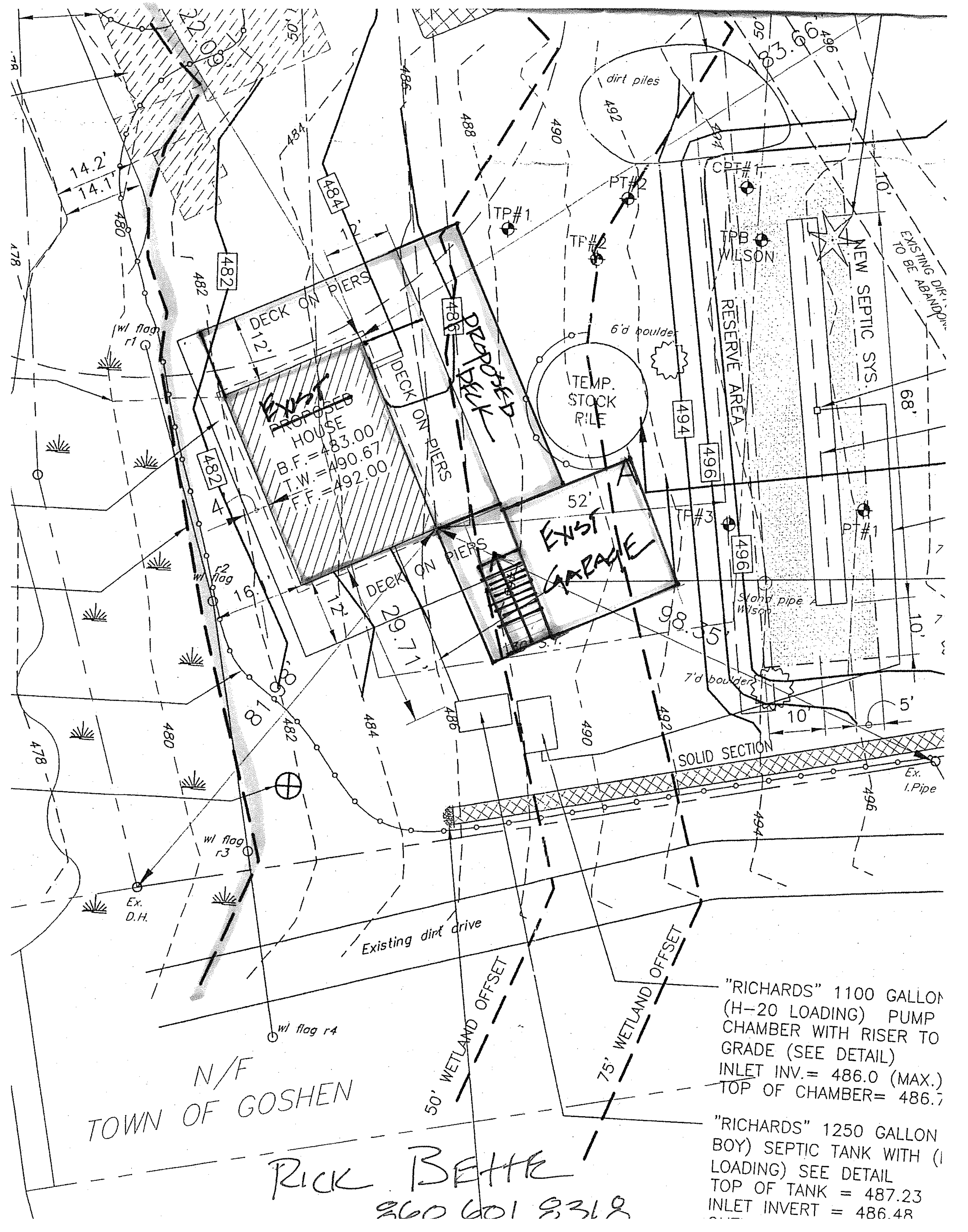
Please find below a quick overview of the work proposed at 316 Sharon Turnpike.

- Enclose area adjacent to garage. This includes the existing outside stairs to the second floor. This would also become an entry/mudroom area on the first floor connecting the garage to the main house. Slab on grade no footing drains.
- Enclose existing covered porch. This would become an extension of the current living space.
- New deck between garage and house adjacent to existing covered porch.(Covered porch to be converted into proposed living space)
- Erosion control. Silt fence along the lake front. Additional use of hay bales along the section near the garage. In part because of the slope of the area. But also due to concerns that the adjacent driveway may add water to this area during a heavy rain event.

Please feel free to contact me with any concerns
Best,
Rick Bette

telephone: 860.601.8318


TYLER LAKE
PROPERT
LOCATION
WELL
33'
75'
30' R.Y.
14.1'
122.09'
50' R.Y.
EXISTING HOUSE TO BE RAZED
14.2'
14.1'
478
480
482
484
486
488
490
492
494
dirt piles
TP#1
TP#2
TP#3
TP#4
DECK ON PIERS
12'
PROPOSED HOUSE
B.F.=483.00
T.W.=490.67
F.F.=492.00
DECK ON PIERS
6'd boulder
TEMP. STOCK PILE
52'
DECK ON PIERS
16'
12'
29.71'
30' R.Y.
wl flag r1
wl flag r2
wl flag r3
wl flag r4
FOOTING DRAIN OUTLET TO LAKE SHALL NOT PROTRUDE INTO LAKE
FOOT CANTILEVERED DECK LAKE SIDE WITHOUT PIERS
ROXIMATE LOCATION OF YEAR FLOOD PLAIN G.S. ELEVATION 1271)
ENCE ETAIL)
WELL TO BE IED
SOLID
Ex. D.H.
DAM
Existing dirt drive
OFFSET
OFFSET


dirt piles
CPT#1
PT#2
TP#1
TF#2
TPB WILSON
NEW SEPTIC SYS.
EXISTING DIRT TO BE ABANDONED
RESERVE AREA
DECK ON PIERS
PROPOSED DECK
6'd boulder
TEMP. STOCK PILE
EXIST PROPOSED HOUSE
B.F.=483.00
T.W.=490.67
F.F.=492.00
DECK ON PIERS
EXIST GARAGE
TP#3
PT#1
Stand pipe Wilson
wl flag r1
wl flag r2
wl flag r3
wl flag r4
7'd boulder
SOLID SECTION
Ex. I.Pipe
Ex. D.H.
Existing dirt drive
50' WETLAND OFFSET
75' WETLAND OFFSET
N/F
TOWN OF GOSHEN
"RICHARDS" 1100 GALLON (H-20 LOADING) PUMP CHAMBER WITH RISER TO GRADE (SEE DETAIL)
INLET INV.= 486.0 (MAX.)
TOP OF CHAMBER= 486.7
"RICHARDS" 1250 GALLON BOY) SEPTIC TANK WITH LOADING) SEE DETAIL
TOP OF TANK = 487.23
INLET INVERT = 486.48
RICK BETTE
860 601 8318