

Z-24-03

TOWN OF WESTON

STATE OF CONNECTICUT

PLANNING & ZONING COMMISSION

OFFICE OF THE LAND USE DEPARTMENT

Town Hall Annex

24 School Road

Weston, Connecticut 06883

**APPLICATION TO AMEND ZONING REGULATIONS
AND MAP TO PERMIT THE CREATION OF AN
AFFORDABLE HOUSING DEVELOPMENT
SOLELY AT #107 GEORGETOWN ROAD
WESTON, CONNECTICUT**

**THE UNDERLYING APPLICATION IS MADE
PURSUANT TO SECTION 8-30g OF THE
CONNECTICUT GENERAL STATUTES**

SUBMITTAL OF ADDITIONAL INFORMATION

RESPECTFULLY SUBMITTED,

WESTON I, LLC
205 WILLOWBROOK AVENUE
STAMFORD, CONNECTICUT 06902

APRIL 30, 2024

TO: Planning & Zoning Commission
Town of Weston, Connecticut
c/o Richelle Hodza - Land Use Director
Weston Town Hall Annex
24 School Road, Weston, CT 06883

FROM: Weston I, LLC
205 Willowbrook Avenue
Stamford, CT 06902
As Applicant

ACTING HEREIN BY:
M. Leonard Caine, III, Esquire
Caine & Caine, Attorneys-At-Law
246 East Main Street – Unit 3
Torrington, CT 06790
(203) 560-2500
caineandcaine@aol.com

**SUBJECT
PROPERTY:** 107 Georgetown Road
Weston, Connecticut

The following records, secured from the Westport Weston Health District ("WWHD") are hereby submitted in response to questions raised and/or inquiries made by Members of the Planning & Zoning Commission at the April 1, 2024 Public Hearing in connection with this Application:

1. Application for a Building Addition, Building Conversion, Renovation or Accessory Structure dated 12/26/2013. Approval dated 03/28/2014.
NOTE: WWHD REMARKS:
COMMENTS: Floor plan modified to only have 1 bedroom in each of the new apartments plus 2 bedrooms in the existing apartment. A new septic will be installed for 4 bedrooms prior to c/o.
2. Application to WWHD to Construct, Alter or Repair A Sewage Disposal System dated 01/07/2017.
3. WWHD Permit to Construct A Private Subsurface Sewage Disposal System "Revised 08/10/2017" and dated 08/15/2017.
4. WWHD Permit to Construct A Private Subsurface Sewage Disposal System dated 12/29/2017.
5. WWHD Permit to Discharge - Subsurface Sewage Disposal System dated 12/14/2021.



WESTPORT WESTON HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855

Telephone: (203) 227-9571

DEC 27 2013

Fee is non-refundable.

\$ 130.00 Initials: SL

APPLICATION FOR A BUILDING ADDITION, BUILDING CONVERSION, RENOVATION OR ACCESSORY STRUCTURE.

Date: 12/26/13 Owner's Name: WESTON I LLC

Property Address: 107 GREENGROVE WESTON Tel. No.: 203-981-0063

Type of Application: [] Building Addition [X] Renovation [] Accessory Structure (Deck, Garage, Porch) [] Building Conversion, Change in Use (Winterization)

Give a Brief Description of Proposed Application: (Performing winterization; type and number of rooms being added; square footage of house addition, type of structures to be added, and foot print change, etc.)

ADD 2-1 Bedroom APTS TO 1ST FLOOR

Addition/Renovation: No. of bedrooms: 2 No. of bathrooms: 2 No. water use fixtures 8 Increase in house footprint? [] Yes [X] No No. of other rooms: 6 No. of tubs more than 99 gal.: 0 Heat? [X] Yes [] No Approximate proposed increase in floor area (in Sq. Ft.) 0 Are footing or foundation drains required? [] Yes [X] No

Existing Structure: [X] Residential [] Non-Residential (Describe): No. of bedrooms: 2 No. of bathrooms: 1 No. of oversized tubs (>99 gal.) 0 Approximate floor area (in Sq. Ft.) 2600 Water supply: [X] Private well [] Public water Footing or foundation drains present? [] Yes [X] No

Existing Septic Year system was installed? U/K [] New [] Repair Public sewer available? [] Yes [X] No Size of septic tank: U/K gals. Size and type of leaching system: U/K Curtain drain? [] Yes [X] No Has any soil testing been performed on the property? [X] Yes [] No

If yes, when and by whom? GAS STATION CRAN UP Owner or Duly Authorized Representative (Print) AUGUST LENTHART Contact Phone Number: 203 981 0063

Signed: [Signature] 12/26/13 Owner or Duly Authorized Representative Date

WWHD REMARKS:

- Compliance with 19-13-B100a required [] Yes [] No Possible storm drainage structure required by Engineering [] Yes [] No Soils evaluation required [] Yes [] No SSDS proposal required [] Yes [] No Wetlands [] Yes [] No [] Don't know

Comments: Floor plan modified to only have 1 bedroom in each of the new apartments plus 2 bedrooms in the existing apartment A new Septic will be installed for 4 bedrooms prior to C/O.

APPROVAL: Approved: [Signature] DATE: 3/28/14

FINAL WWHD INSPECTION REQUIRED AT COMPLETION OF JOB Yes [X] No [] Final Inspection Final Inspection/Final Approval: Sanitarian Date



PAID
JAN 8 2018
WWHD

WESTPORT WESTON HEALTH DISTRICT

APPLICATION TO CONSTRUCT, ALTER OR REPAIR
A SEWAGE DISPOSAL SYSTEM

Fee is Non-Refundable
Application is Non-transferable

- NEW \$495.00
- REPAIR/ALTERATION W/LEACHING.. \$385.00
- REPAIR/ALTERATION TANK ONLY.. \$220.00
- B-100A REVIEW \$140.00
- PLAN CHANGE FEE \$110.00

Please TYPE or PRINT.

Three copies of detailed scaled plans must be submitted with this application. Soil test data, acceptable to the Director of Health, must be on file at the Health District.

Plans Prepared by:

- Installer
- Professional Engineer

Sewage Failure Confirmed (Describe:)

Date: Sanitarian Initials:

Location: 107 GEORGETOWN RD Westport Weston

Owner: WESTON LLC Address: 205 WILLOW BROOK Tel: ()

LAURENCE BEAUSOLEIL [Signature] JAN 7 2017

PRINT Name of owner or duly authorized agent Signature of owner or duly authorized agent Date

RESIDENTIAL STRUCTURE:

Age of structure (years)..... 04

No. of bedrooms: 4

No. tubs greater than 99 gal. overflow: N

Garbage disposal: Yes No

Water treatment softener/filter Yes No

Water supply: Well Public

Fixtures in basement..... Yes No

Other: _____

NON-RESIDENTIAL STRUCTURE:

Type (Store, Office, etc.): _____

Design criteria: _____

LOT:

Part of subdivision:..... Yes No

Subdiv. name: _____

Date of approval: _____

Lot size: _____

Public supply watershed Yes No

Public sewer access Yes No

Wetlands..... Yes No

Flood zone Yes No

Footing drains Yes No

Curtain drains Yes No

Stormwater drywell Yes No

System to consist of: 1250 TANK and 1' GAH-Y5 CHANGE TO DOUBLE RUN

Septic Tank Size/Pump Chamber Leaching Area: Description / LINEAL Feet / SQ. FT.

Licensed LAURENCE BEAUSOLEIL [Signature] 005848 JAN 7 2017

Installer: Name (PRINT) Signature License No. Date

For Health District Use Only — Do Not Write Below this Line

Plan reviewed by: _____ Approved: _____ By: _____

Date Sanitarian's Signature

WWHD Test during Wet Season: Percolation Rate: 1/10 1/20 1/30 1/45 1/60 Area of Special Concern: Yes No

Comments: Restrictive Layer: _____ inches Engineering Design Required: Yes No MLSS (ft): _____

DOCUMENTS NEEDED TO ISSUE PERMIT TO DISCHARGE

	Yes	No	Date Received	Initials
Sieve Analysis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Fill Percolation Rate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AS BUILT of system	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Engineer's approval.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Well Permit.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Well Completion Report	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Water Analysis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Conditions:

Created: _____

Date / Initials

Approval to construct by: _____

Sanitarian's Signature Date

Permit to Discharge by: _____

Sanitarian's Signature Date

Created: _____

Date / Initials

PERMIT VALID FOR ONE YEAR FROM DATE OF ISSUE

THIS PERMIT IS NOT TRANSFERABLE



WESTPORT WESTON HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855
Telephone: (203) 227-9571

PERMIT TO CONSTRUCT
A PRIVATE SUBSURFACE SEWAGE DISPOSAL SYSTEM

Permit for: New Construction Septic Alteration Septic Repair
Property Address: 107 Georgetown Road Westport Weston
Tank Size: 1,500 gals. System is based on a 4 bedroom dwelling and/or 0 oversized fill and drain tubs.
Pump Chamber: 1000
Type and Size of Leaching Area: 116' of GeoU636
Date of Approved Plan: 3/7/2011 Revision Date: 7/17/17
Engineered Plan Required: Yes No If yes, Name of Engineer Scott Poryanda
Select Fill Required Yes No Sieve Analysis Required: Yes No
As-Built Required from: Septic Installer Yes No Design Engineer Yes No

Notify the sanitarian a minimum of 24 hours prior to starting work to schedule inspections.

Additional Requirements:

Due to the complexity of the installation, the design engineer shall supervise the removal of the existing septic system and the select fill replacement prior to installing the GeoU636 units.

The installer must provide a sieve analysis for the specific sand used on site prior to installing the septic system.

Installer shall notify the WWHD 48 hours prior to starting work to schedule the inspections needed during the installation.

The Conservation Department must approve the septic plan prior to starting work.

A permit to construct a private subsurface sewage disposal system at the above address is granted to:

Lawrence Beausoleil

5148

Installer

License No.

of

Address

107 Georgetown Road
Westport, CT 06880
Aug 15 2017

Restrictions:

Any change in the location or design of this system must receive prior approval of the Westport Weston Health District. A condition of this permit is that future alterations or additions to the system must be made if found to be necessary in the opinion of the Director of Health. This Permit to Construct is valid for *one year* from the date of issuance and shall not be construed as permission to create or maintain any sewage nuisance. In the issuance of this Permit to Construct, the Westport Weston Health District assumes no responsibility for the future operation and maintenance of the system.

Issued By:

[Signature]
Sanitarian's Signature

November 2, 2011

Date

Revised 8/10/17

[Signature]



WESTPORT WESTON HEALTH DISTRICT
180 Bayberry Lane, Westport, CT 06880-2855
Telephone: (203) 227-9571

PERMIT TO CONSTRUCT
A PRIVATE SUBSURFACE SEWAGE DISPOSAL SYSTEM

Permit for: New Construction Septic Alteration Septic Repair

Property Address: 107 Georgetown Rd Westport Weston

Tank Size: 1500 System is based on a 4 bedroom dwelling and/or Ø oversized fill and drain tubs.

Pump Chamber: 1000

Type and Size of Leaching Area: 112' of 12" Gallery

Date of Approved Plan: 3/7/11 Revision Date: 12/14/17

Engineered Plan Required: Yes No If yes, Name of Engineer Scott Perganda

Select Fill Required: Yes No Sieve Analysis Required: Yes No

As-Built Required from: Septic Installer Yes No Design Engineer Yes No

Notify the sanitarian a minimum of 24 hours prior to starting work to schedule inspections.

Additional Requirements:

- Due to the complexity of the installation, the design engineer shall supervise the removal of the existing septic system and the select fill replacement prior to installing the galleries.
- The installer must provide a sieve analysis for the select fill prior to installing the galleries.
- Installer shall notify the WHHD 48 hours prior to starting work to schedule the inspection needed during the installation.

- The Conservation Dept must approve the septic plan prior to starting work
A permit to construct a private subsurface sewage disposal system at the above address is granted to:

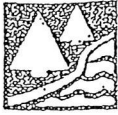
Lawrence Beausoleil 5149
Installer License No.
of Greenwood
Address

Restrictions:

Any change in the location or design of this system must receive prior approval of the Westport Weston Health District. A condition of this permit is that future alterations or additions to the system must be made if found to be necessary in the opinion of the Director of Health. This Permit to Construct is valid for *one year* from the date of issuance and shall not be construed as permission to create or maintain any sewage nuisance. In the issuance of this Permit to Construct, the Westport Weston Health District assumes no responsibility for the future operation and maintenance of the system.

Issued By: [Signature] 12/29/17
Sanitarian's Signature Date

WHITE: Septic Permit File YELLOW: Installer PINK: Building Official



WESTPORT WESTON HEALTH DISTRICT
 180 Bayberry Lane, Westport, CT 06880-2855
 Telephone: (203) 227-9571

PERMIT TO DISCHARGE - SUBSURFACE SEWAGE DISPOSAL SYSTEM

Property Address: 107 Georgetown Rd Town: Weston
 Owner: Weston LLC
 Installer: Lawrence Beauvoile License No: 5148

System Data: New Septic Septic Repair Septic Alteration
 Tank size: 1500 14-20 Nature of effluent: Domestic
 Type and size of leaching area: _____
 Pump Chamber Used: Yes No Pump Chamber Size: 1000 PC 14-20
 Design Flow: 525 gal/day or no. of bedrooms 4
 Permitted Flow: 350 GPD
 Restaurant containing _____ seats. Commercial/Office Building providing _____ sq.ft.
 Other structures as described (i.e. Pool House, Accessory structures, etc.) _____

The septic tank shall be inspected regularly and cleaned as needed but not less frequently than every five years.
 (CIRCLE APPROPRIATE BOLDED SELECTIONS BELOW)

- a.** The septic tank is served by an outlet filter that requires periodic cleaning. Failure to clean the filter could result in a backup of sewage into the home's plumbing. Symptoms of such a problem can include gurgling toilets, slow draining sinks, and backup of sewage in lowest plumbing fixtures. Action should be taken to have the septic tank and filter cleaned whenever such symptoms occur, or every 3 to 5 years.
- b. System repair was made utilizing the existing septic tank which WAS / WAS NOT retrofitted with a septic tank outlet filter.
- c.** Westport Weston Health District assumes no responsibility for future operation and maintenance for the subsurface sewage disposal system.

Date of Final Inspection: 3/27/18 Inspected by: JJA

Approved As-Built on File Yes No

Special Requirements and Restrictions: _____

Issued By: [Signature] Chief Sanitarian 12/14/21
 Registered Sanitarian's Signature Title Date