



Farmington Valley Health District

95 River Road, Suite C ▪ Canton, CT 06019 ▪ Phone (860) 352-2333 ▪ Fax (860) 352-2542

Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury

PROPOSED SEPTIC SYSTEM REPAIR

Address of Proposed Repair _____ Town _____

Owner of Property _____

- **Code exceptions needed:** Yes _____ No _____ if Yes, a **Permit to Construct** cannot be issued unless the property owner submits a signed “**Acknowledgement of Exception.**”
(NOTE: Exceptions are needed whenever Health Code requirements such as separation distances, MLSS, leaching area size, etc. are not being complied with).

Provide a sketch showing house, wells, including wells on adjacent properties, property lines, road, driveway, watercourses, drains, existing system location and proposed repair specifics such as type of repair, length of trenches & type of leaching system, size of tank, depth of trenches into grade, depth of fill needed.

Repair proposal submitted by: _____ Phone/Cell _____
(Name of licensed installer)

Signature of Installer: _____ Date: _____