



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 CT Public Health Code requirements such as separation distances, MLSS, leaching area size, etc. are not being complied with).
- Proposed tank size: _____ Proposed tank material: concrete or plastic (if plastic, brand _____)
- Proposed leaching field square footage: _____ Proposed type of leaching fields: _____

Provide a sketch showing house, wells (including wells on adjacent properties), property lines, road, driveway, watercourses, drains, existing septic system location & proposed repair specifics(length of trenches, depth of trenches into grade, if required, depth of fill needed & source of fill _____),...

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

Signature of Installer: _____ Date: _____