



# Farmington Valley Health District

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

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## 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: \_\_\_\_\_