



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.**”
- Proposed tank size: _____ Proposed tank material: concrete or plastic (if plastic, brand _____)
- Proposed leaching field square footage: _____ Proposed type of leaching fields: _____
- Type of existing house sewer pipe: _____
- Type and length of proposed house sewer: _____
- Type of clamp used: _____
- Elevation and length of pipe at connection to existing house sewer: _____
- Elevation of pipe entering tank: _____ Top of unit elevation: _____
- Elevation of restrictive layer: _____ Bottom of unit elevation: _____
- Pump required: _____ Pump chamber size: _____ Dose amount: _____
- Fill required: _____ Source of fill: _____
- Risers needed: Yes No (24” diameter risers needed when tank is > 2’ deep, if risers are needed a secondary safety device must be provided)

Provide a sketch showing house, wells (including wells on adjacent properties), property lines, road, driveway, watercourses, drains, existing septic system location & proposed repair specifics.

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

Signature of Installer: _____ Date: _____