



## SEPTIC SYSTEM REPAIR PROPOSAL

Address: \_\_\_\_\_

Town: \_\_\_\_\_

Include at a minimum: Location of building sewer(s), tank(s), leaching system, property lines, building served, watercourses, drain(s), well(s), and/or water line(s).

REQUIRED if the depth to restrictive layer is < 60 inches.

Benchmark location: \_\_\_\_\_ Difference between benchmark and restrictive layer: \_\_\_\_\_ Proposed bottom of system elevation: \_\_\_\_\_

REPAIR DRAWING

Name: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

INSTALLER CERTIFIES THAT THE SEPTIC SYSTEM WILL BE INSTALLED IN COMPLIANCE WITH THE CT PUBLIC HEALTH CODE