



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