

North Central District Health Department

P. O. Box 1222, ENFIELD, CONNECTICUT 06083

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Enfield Office
(860) 745-0383
FAX 745-3188 | <input type="checkbox"/> Vernon Office
(860) 872-1501
FAX 872-1531 | <input type="checkbox"/> Windham Office
(860) 465-3033
FAX 465-3032 | <input type="checkbox"/> Stafford Office
(860) 684-5509
FAX 684-1768 |
|--|---|--|---|

Office Use

- Repair: **\$100.00**
- \$150 Fee** - Addition, Conversion, Use Change
(Plan Review & Site Investigation)

APPLICATION FOR SITE INVESTIGATION AND SEEPAGE TEST FOR SEPTIC SYSTEM REPAIR, ADDITION, CONVERSION OR USE CHANGE

Date: _____

Name of Applicant: _____ Daytime
Tel. No. _____

Address of Applicant: _____

Property Owned By: _____ Tel. No. _____

Address of Owner: _____

Location of Property to be Repaired: _____

Licensed Contractor:

*Professional Engineer:

Provide a sketch of the layout of the property on the reverse side of this form.

Water Supply: Public: _____ Private Well Water: _____

Year Septic System was Constructed: _____ Number of Bedrooms: _____

Applicant will be required to provide a backhoe to excavate soil tests as needed. *Applicant may also be required to retain the services of a professional engineer.

PERMISSION IS HEREBY GRANTED TO THE NORTH CENTRAL DISTRICT HEALTH DEPARTMENT AND/OR THEIR REPRESENTATIVE TO CONDUCT A SOIL TEST ON THE ABOVE MENTIONED PROPERTY

Signature of Property Owner

11/05

SERVING THE TOWNS OF: EAST WINDSOR * ELLINGTON * ENFIELD * STAFFORD * SUFFIELD * VERNON * WINDHAM * WINDSOR LOCKS