



BRISTOL-BURLINGTON HEALTH DISTRICT
240 Stafford Avenue, Bristol, CT 06010
Tel. 860-584-7682 Fax. 860-584-3814

www.bbhd.org

**APPLICATION FOR SITE EVALUATION/SEPTIC SYSTEM
REPAIR**

Owner: _____

Location: _____

Mailing Address: _____

Phone Number: _____

Installer/Contractor: _____

Is property served by private well or public water? _____

Number of bedrooms: _____ Number of employees/occupants: _____

Is property served by a water treatment system? _____ Type: _____

Backwash to? _____

Is plot plan available? _____

When was the septic tank last pumped? _____

If applicable, please provide a brief description of the trouble you are having with you system:

NOTES: (1) I agree to hold the B.B.H.D. and its agents harmless in the event of future problems or difficulties associated with any work done in conjunction with this septic system repair evaluation and subsequent repair work. (2) I further acknowledge that I am responsible for securing any necessary permit(s) required from other town agencies (Building, Wetlands, Conservation, Zoning, etc.) I have received and read Page 1 of the application and agree with its requirements.

Signed: _____ Date: _____
Owner

REVERSE SIDE FOR SANITARIAN USE ONLY

Revised: 02/06/06 (#22)