



**FEE \$150.00**

**Bristol-Burlington Health District  
240 Stafford Avenue, Bristol, CT 06010  
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**SKETCH OF PROPOSED SEPTIC SYSTEM REPAIRS**

**ADDRESS OF PROPOSED REPAIR** \_\_\_\_\_ **TOWN** \_\_\_\_\_  
**OWNER OF PROPERTY** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
**REPAIR PROPOSED BY** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SKETCH REPAIR BELOW:**

*A checklist of information needed for the sketch is listed on the back of this form.*

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**(1) Does the proposed repair meet all CT Public Health Code requirements?**

**Describe type of exception requested (if any).** \_\_\_\_\_

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**(2) Has a signed "Acknowledgment of Exception" been submitted?** \_\_\_\_\_

**A permit to construct cannot be granted where Exceptions are needed without this acknowledgment.**

**The Following information must be shown on the sketch of Proposed Septic System Repair:**

- House location
- Existing well location
- Distance from existing well to proposed tank and or tank and septic system
- Property lines
- Bench mark ( assume 100)
- Existing elevations in leaching area
- Proposed elevations in leaching area including bottom of units and fill extension
- MLSS calculation
- Road
- Driveway
- Watercourses
- Drains
- Show existing structures on property ( deck, pool, shed, detached garage etc)
- Stone walls
- Existing septic system and tank
- Information on pumping and removal of existing tank
- Length and type of proposed septic system include center to center spacing
- Size of proposed septic tank
- Distance between proposed leaching trenches
- Effective leaching area required
- Effective leaching area proposed
- Distance from house to proposed tank
- Note on plan any variances of CT Public Health Code needed