



**BRISTOL-BURLINGTON HEALTH DISTRICT**  
 240 Stafford Avenue, Bristol, Connecticut 06010-4617  
 Tel. (860) 584-7682 • Fax (860) 584-3814 • [www.bbhd.org](http://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)

LOCATION \_\_\_\_\_ PERMIT # \_\_\_\_\_

EXISTING SEPTIC SYSTEM INFORMATION ON FILE \_\_\_\_\_

DATE OF DEEP HOLE TESTING \_\_\_\_\_ # DEEP HOLES \_\_\_\_\_

DATE OF PERCOLATION TEST \_\_\_\_\_ PERC RATE \_\_\_\_\_

**ENGINEERED PLAN** or **SEPTIC INSTALLER PLAN** SUBMITTED

(Circle one of above)

DATE SEPTIC REPAIR PLAN APPROVED \_\_\_\_\_

DATE SEPTIC INSTALLERS PERMIT ISSUED \_\_\_\_\_

DATE RECEIVED SIEVE ANALYSIS OF SELECT FILL MATERIAL \_\_\_\_\_

DATE OF SCARIFICATION \_\_\_\_\_

DATE OF PERCOLATION TEST IN SELECT FILL MATERIAL \_\_\_\_\_

DATE OF FINAL INSPECTION \_\_\_\_\_

DATE SEPTIC ASBUILT RECEIVED \_\_\_\_\_

DATE PERMIT TO DISCHARGE ISSUED \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---