

CHESPROCOTT HEALTH DISTRICT

SEPTIC REPAIR PROPOSAL

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Town: \_\_\_\_\_

Licensed Installer Name: \_\_\_\_\_

DPH License Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Design Criteria:

MLSS:

Soil data:

**Please show following:** property lines, note any footing drains, distance of system to dwelling/structures, spot elevations/contours, test hole locations and soil data, existing system location, notes on system abandonment, well/water line location and radius including neighboring wells ect. **Submit on GIS map.**

# of bedrooms: \_\_\_\_\_

ELA Required: \_\_\_\_\_

Provided: \_\_\_\_\_

New tank size/manufacturer/type:

\_\_\_\_\_

Leach Field Description: \_\_\_\_\_

\_\_\_\_\_

ELEVATIONS	
Benchmark	
Test Pit Ground Elev.	
Sewer Elev. at House	
Tank In	
Tank Out	
D Box In	
D Box Out	
Top Leaching Unit (Row 1)	
Top Leaching Unit (Row 2)	
Bottom Leaching Unit (Row 1)	
Bottom Leaching Unit (Row 2)	