

CHESPROCOTT HEALTH DISTRICT

SEPTIC REPAIR PROPOSAL

Address: _____
 Town: _____
 Licensed Installer Name: _____
 DPH License Number: _____
 Cell Phone: _____ Email: _____

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 etc. **Submit on GIS map.**

Date: _____	Design Criteria: _____	Soil data: _____
MLSS: _____	ELA Required: _____	New tank size/manufacturer/type: _____
Cell Phone: _____	Provided: _____	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)	_____