

AVON  
BARKHAMSTED  
CANTON  
COLEBROOK  
EAST GRANBY  
FARMINGTON  
GRANBY  
HARTLAND  
NEW HARTFORD  
SIMSBURY

# **FVHD** FARMINGTON VALLEY HEALTH DISTRICT

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PO BOX 529 50 AVON MEADOW LANE AVON, CONNECTICUT 06001 TELEPHONE (860) 676-1953 FAX (860) 676-2131

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## **Site Evaluations for Septic System Repairs** **Information For Property Owners**

**The Farmington Valley Health District provides assistance to property owners who have septic system problems by performing site evaluations and providing recommendations. In order to adequately evaluate your property, soil testing must be performed. This soil testing consists of “deep test pits” which are dug by a backhoe/excavator to determine whether there are soil limitations such as ledge and/or groundwater. Also percolation tests are usually conducted to determine the drainage characteristics of the soil.**

**In order to perform our evaluation, you must secure the services of a contractor to dig test pits. They can coordinate testing with this office. Soil testing involves some amount of site disturbance. This office will attempt to minimize such disturbance, but cannot be held responsible for any damages incurred while performing the evaluation. In addition, the following information must be provided to this office:**

- A signed application with a fee of \$100.00 (see page 2). The fee pays for soil test observations and a written evaluation with basic recommendations. Please note that there is no fee for the replacement of a septic tank only because no evaluation is performed.**
- A plot plan or sketch showing the location of the existing septic system relative to the building served and any wells, pools, streams, ground or surface water drains, invisible fencing, sprinkler systems and property lines.**
- Underground utilities, such as electric lines, water lines, gas lines etc. must be marked in the field. Verification of property lines may be needed if actual boundaries are unknown.**
- Information regarding the location of all wastewater lines is crucial. Therefore access to the basement may be necessary.**

**Once you receive your septic system repair evaluation and you select a licensed installer to perform the work, a permit to repair the system must be obtained by the installer before septic work begins.**

***A representative of this office will inspect the system installation and issue a written “Final Approval/Permit to Discharge” to you upon the successful completion of the project.***

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### APPLICATION FOR SITE EVALUATION

Septic System Repair (Full evaluation) **\$100.00**

Tank/House Sewer Pipe Replacement **Only** (No Evaluation Fee)

Other (fee to be determined)

**\*There is a \$150.00 permit fee prior to any installation\***

Owner: \_\_\_\_\_

Location: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Installer/Contractor: \_\_\_\_\_

Is plot plan available?    yes    no

Number of bedrooms: \_\_\_\_ Is property served by:    Private Well    Public Water

Does well casing extend above grade?    yes    no

Is there a suction/jet pump for the well in basement?    Yes    No

Is there a water treatment system? \_\_\_\_ Type: \_\_\_\_\_ Backwash to? \_\_\_\_\_

Sewage Ejector Pump?    Yes    No Garbage Disposal?    Yes    No

Is there more than one sewer line exiting the basement?    Yes    No

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

**NOTES: (1) I agree to hold the FVHD and its agents harmless for any site disturbance, damages or difficulties associated with this septic system repair evaluation and subsequent repair work. (2) I further acknowledge that I am responsible for securing any necessary permit required from other town agencies (Building, Wetlands, Zoning, etc.).**

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