

SEPTIC REPAIR OR REPLACEMENT NOTIFICATION

PROPERTY OWNER NAME: _____ SECTION #/LOT #: _____

PROPERTY ADDRESS: _____

PHONE #: _____

TYPE OF IMPROVEMENT:

- REPAIR EXISTING SYSTEM
- REPLACE EXISTING SYSTEM

TYPE OF SEPTIC SYSTEM: _____ # OF GALLONS: _____ (1,500 gal. minimum)

FIELD TYPE: _____

PURPOSE OF IMPROVEMENT(S):

HOME SQUARE FOOTAGE (EXCLUDING GARAGE & PORCHES): _____

OF BEDROOMS: _____

CONTRACTOR'S NAME: _____ PHONE #: _____

CONTRACTOR'S ADDRESS: _____

CONTRACTOR'S LICENSE #: _____

Property owner signature

Date

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FOR ACC/ECC USE ONLY:

ACC/ECC COMMITTEE SIGNATURE: _____

DATE: _____