



PUTNAM COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

THIS IS NOT A REPAIR PERMIT

PROPOSAL FOR EXPLORATION OF SEPTIC SYSTEM FAILURE

All information below must be fully completed prior to any scheduling

SITE LOCATION _____ TOWN _____ TM # _____

OWNER'S NAME _____ PHONE # _____

MAILING ADDRESS _____

PROPOSED CONTRACTOR/INSTALLER _____ PHONE # _____

ADDRESS _____ REGISTRATION /LICENSE # _____

Reason for exploration:

- failure to surface back-up in house find limits of system for repair other (explain below)

FOR COUNTY USE ONLY

Inspectors's Signature & Title

Date

Appointment Date: _____

Time: _____