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)

_____

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_____

FOR COUNTY USE ONLY

_____ _____

Inspector's Signature & Title Date

Appointment Date: _____ Time: _____

kly 2015