

**MADISON HEALTH DEPARTMENT  
PROPOSED SEPTIC SYSTEM REPAIR FORM**

ADDRESS \_\_\_\_\_ # BEDROOMS \_\_\_\_\_

INSTALLER \_\_\_\_\_ DATE \_\_\_\_\_

PERC RATE \_\_\_\_\_ TOTAL SQ FT REQUIRED \_\_\_\_\_

New leaching product \_\_\_\_\_ - Length \_\_\_\_\_ - Sq ft credit \_\_\_\_\_ - TOTAL SQ FT PROVIDED \_\_\_\_\_  
Max. depth below existing grade (bottom of system) \_\_\_\_\_

Tank Size \_\_\_\_\_ - new \_\_\_\_\_ - old \_\_\_\_\_      Fill required \_\_\_yes \_\_\_no

Connect to old system? \_\_\_yes \_\_\_no;      HLO from old \_\_\_\_\_ HLO to old \_\_\_\_\_ Level \_\_\_\_\_  
Describe old system \_\_\_\_\_ credit for old \_\_\_\_\_

MLSS Required \_\_\_\_\_; MLSS Provided \_\_\_\_\_.