



**MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF PUBLIC HEALTH ENGINEERING**

**111 Westfall Road, Room 938, Rochester, NY 14620  
585-753-5060**

**PARTIAL REPAIR – ONSITE WASTEWATER TREATMENT SYSTEM**

**OWNER:**

**TOWN:**

**ADDRESS:**

**INSTALLER:**

**INSTALLATION DATE:**

**# OF BEDROOMS:**

**DESCRIBE MODIFICATIONS TO EXISTING SYSTEM:**

**SEPTIC TANK:**

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**DISTRIBUTION BOX:**

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**CONNECTING PIPES:**

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Draw a sketch showing location of house, septic tank, distribution box and leachfield. Give distances between house and septic tank, house and distribution box and leachfield and well.