



# Farmington Valley Health District

95 River Road, Suite C ▪ Canton, CT 06019 ▪ Phone (860) 352-2333 ▪ Fax (860) 352-2542

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Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury

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## Group Home / Infirmary Inspection Request Form

**Fee \$50.00**

Date \_\_\_\_\_

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Fax & E-mail \_\_\_\_\_

Hours of Operation \_\_\_\_\_

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❖ **Please note:** If facility has **well water** then a recent water analysis for bacteria and chemical quality is required to be submitted.

If facility has a **septic system** then the most recent septic tank Pumping receipt must be submitted.