



STATE OF NEW HAMPSHIRE

DEPARTMENT OF ENVIRONMENTAL SERVICES

29 HAZEN DRIVE, P.O. BOX 95

CONCORD, NH 03302-0095

(603) 271-2858

REGISTRATION FORM FOR SINGLE FAMILY RESIDENTIAL GEOTHERMAL AND GROUND SOURCE HEAT EXCHANGE SYSTEMS

Location of the Geothermal Well

Address: _____

Tax Map: _____ Lot #: _____ Property Deed Reference Book: & Page _____

City/Town: _____ State: _____ Zip: _____

Property Owner Information

Owner Name: _____ Phone Number: (____) _____ - _____

Mailing Address: _____

City/Town : _____ State: _____ Zip: _____

Email: _____

System Designer/Installer Information (complete only if different from property owner)

Contact Name: _____ Phone Number: (____) _____ - _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Email: _____

Type of Geothermal Well - Standing Column Closed Loop Open Loop Unknown

Does This Well Also Provide Drinking Water to the Home - YES NO Unknown

Please provide a description of the heat exchange system proposed at the residence. Include a local or topographic map to identify the location. _____

Please circle the location(s) where the reject (bleed) water is discharged.

Ground Surface Septic System Dedicated Drywell Unknown

Please include groundwater quality analytical results with this registration, if available.

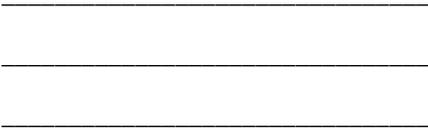
To the best of my knowledge, the information I have provided on and with this form is true and correct.

Signature of Owner

Date Signed

*This Registration is for inventory purposes only

FOLD LINE



Place
Stamp
here

**UIC PROGRAM COORDINATOR
NH DEPARTMENT OF ENVIRONMENTAL SERVICES
PO Box 95
CONCORD, NH 03302-0095**

FOLD LINE