



**APPLICATION FOR REPAIR OR REPLACEMENT IN KIND
OF AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM**
Water Division/ Subsurface Systems Bureau
Land Resources Management



RSA/Rule: RSA 485-A, Env-Wq 1000

Administrative Use Only	Administrative Use Only	Administrative Use Only	File Number:
			Check No.
			Amount:
			Initials:

Valid for 90 days from date of approval Fee \$300 per System

*****ALL SECTIONS ON THIS FORM ARE REQUIRED TO BE COMPLETED FOR PROCESSING (SECTIONS 1-14).
INCOMPLETE FORMS WILL BE RETURNED TO THE APPLICANT IN THEIR ENTIRETY.**

IS THIS APPLICATION IS FOR A FAILED SYSTEM YES / NO

1. ELEGIBILITY REQUIREMENTS – CHECK TO CONFIRM

- YES. This system receives only domestic waste water generated from a residence; there is NO increase in flow. (RSA 485-A:33, IV(a)(1)&(2)).
- YES. All components of the ISDS are installed in strict accordance with the approved plan. (RSA 485-A:33, IV(f)).
- YES. There are no new waivers associated with this application (RSA 485-A:33, IV(a)(8)). The system is not within 75 feet of any surface water, water supply well, or very poorly drained soil unless authorized by the prior departmental approval described in subparagraph (6). (RSA 485-A:33, IV(a)(7)).

2. PREVIOUS APPROVALS (RSA 485-A:33, IV(a)(6))

Date of Operational Approval: / / & Previous Construction Approval #:

Prior Approval Municipalities: **See Section 14(b) for requirements.

3. PROJECT LOCATION

ADDRESS:			TOWN/CITY:
COUNTY:	TAX MAP:	BLOCK:	LOT(S):

4. APPLICANT

DESIGNER NAME:	NH DESIGNER PERMIT #:
COMPANY/ DBA:	
MAILING ADDRESS:	
TOWN/CITY:	STATE: ZIP CODE:
EMAIL OR FAX:	PHONE:

5. PROPERTY OWNER

NAME:	
MAILING ADDRESS:	
TOWN/CITY:	STATE: ZIP CODE:
EMAIL OR FAX:	PHONE:

6. WATER SUPPLY

IF THE WATER SUPPLY HAS CHANGED OR HAS BEEN RELOCATED, THE LOCATION AND LOT LOADING CALCULATIONS MUST BE ACCURATELY DEPICTED ON THE EXISTING CONDITIONS PLAN.

1. YES NO THE WATER SUPPLY IS EXACTLY AS DEPICTED ON THE ORIGINAL STATE APPROVED PLAN AND

2. INDICATE THE TYPE OF WATER SUPPLY

WELL ON LOT: IS THE WELL RADIUS ENTIRELY ON THE LOT? PRE 1989 WELL

YES NO (IF NO AND THE LOCATION DIFFERS FROM THE APPROVED PLAN, PROVIDE A RECORDED WELL RELEASE AT THE TIME OF INSPECTION).

WELL OFF LOT MUNICIPAL / COMMUNITY WATER SUPPLY:

7. REASON FOR REPLACEMENT OR FAILURE

AGE, EXCESSIVE LOAD, INAPPROPRIATE LOAD, OTHER (SPECIFY):

8. DESIGN FLOW CALCULATIONS

NUMBER OF BEDROOMS: TOTAL FLOW (ALL BEDROOMS): GPD

9. STRUCTURE

NUMBER OF STRUCTURES CURRENTLY SERVED: NUMBER OF CURRENT OCCUPANTS:

10. TYPE OF DESIGN - EXISTING SYSTEM INFORMATION

(A) GRAVITY OR PUMP

(B) ABOVE-GROUND/MOUNDED OR IN-GROUND OR AT-GRADE

(C) EFFLUENT DISPOSAL AREA TYPE (SPECIFY – E.G. STONE & PIPE): _____

(D) PRE-TREATMENT - TYPE:

(E) AGE OF EXISTING SYSTEM: _____ YEARS

(F) EXISTING SEPTIC TANK SIZE: _____ GALLONS TYPE: STEEL, CONCRETE, PLASTIC, OTHER

(G) REPLACEMENT SEPTIC TANK SIZE: _____ GALLONS TYPE: STEEL, CONCRETE, PLASTIC, OTHER

(H) HOUSEHOLD APPLIANCES THAT DISCHARGE TO SEPTIC SYSTEM (CHECK ALL THAT APPLY):

GARBAGE GRINDER/DISPOSAL WASHING MACHINE WATER CHLORINATOR / TREATMENT SYSTEM

JACUZZI/HOTTUB DISHWASHER SOLIDS PUMP UNIT BEFORE TANK

NONE OF THE ABOVE OTHER (SPECIFY): _____

11. SUBDIVISION

(A) SSB SUBDIVISION APPROVAL PENDING OR PERMIT #

OR N/A BECAUSE: PRE-1967; >= 5 ACRES; ENV-WQ 1003.11; RSA 485-A:2, XIII

(B) YES / NO THIS PROJECT IS LOCATED IN THE PROTECTED SHORELAND.

PENDING, N/A EXEMPT, SHORELAND PERMIT #

TYPE OF WATERBODY LAKE; RIVER /STREAM; TIDAL. NAME OF WATERBODY:

12. SIGNATURES (A NHDES PERMITTED DESIGNER MUST SIGN AS OR ON BEHALF OF APPLICANT)

APPLICANT¹

DATE: / /

PROPERTY OWNER²

DATE: / /

13. DIRECTIONS TO PROJECT LOCATION

¹ The signatory certification applies to the Applicant: The Applicant certifies that s/he is a permitted designer in good standing, and that the information submitted accurately represents the existing site conditions as of the date of application. The Applicant further agrees and understands that if any information submitted in this application which is material to the department's approval of the application is false or misleading, the approval as well as the designer's permit, if applicable, shall be subject to suspension or revocation. The applicant herewith certifies, where applicable, that the approved off-site, municipal or community water supply is available at the lot line. The applicant herewith assumes full responsibility and liability for the replaced ISDS. ² The signatory certification applies to the Property Owner: I/We certify that I am/we are the present owner(s) of the property referenced in this application and that I/we have seen the plans and I/we hereby confirm that the plans are in accordance with my/our needs and desires. I/We fully understand that should this plan be approved, no waivers to the construction approval will be allowed and that any change(s) will require a new submission, review and approval.

14. INFORMATION REQUIRED FOR ACCEPTANCE

If your notification package does not include the following information required for acceptance, it will be returned to you. Initial to ensure all required items are included, add dates where required and attach a copy (☐) where noted.

INITIAL (**in black ink)	REQUIREMENT
_____ RSA 485-A:33, IV(b)	☐ a) This Application form (pages 1 through 3) Sections 1 through 14 have been completed, including an indication if this is a FAILED SYSTEM. If I have not completed all Sections, I understand that this application form and supporting materials including the fee, will be returned to me in its entirety.
_____ RSA 485-A:32, I & II	☐ b) For prior Approval Municipalities: A letter on Municipal letterhead signed by the appropriate municipal official; including the authorized official's signature, date and letter describing the Municipal approval if the project is in any of the local-approval towns per RSA 485-A:32, I & II. The original approved plan with a municipal stamp does not satisfy this requirement.
_____ RSA 485-A:33,IV(a)(3) & Env-Wq 1006	☐ c) Test pit information which includes: a) Test pit results <i>stamped</i> by permitted Designer; b) Test pit numbers; and c) Date(s) test pit(s) were dug. (Test pits must be recently dug for the specific purpose of evaluating soil conditions and the submittal of this application). The bottom of the bed is located no less than 24 inches above the seasonable high water table.
_____ RSA 485-A:30, I	☐ d) Notification fee, check or money order for \$300 per system payable to Treasurer – State of NH.

INFORMATION REQUIRED AT TIME OF INSPECTION
(Initial below to certify that these items will be available at the time of inspection)

_____ RSA 485-A:33, IV(c)	☐ a) Copy of the previously approved plan bearing the STATE approval stamp and a copy of the operational approval must be provided for the inspector at the time of inspection.
_____ RSA 485-A:33, IV(c)	☐ b) Copy of the existing conditions plan, including dimensions and final contours and bearing the permitted Designer stamp must be provided for the inspector at the time of inspection.