



**THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF ENVIRONMENTAL SERVICES  
LAND RESOURCES MANAGEMENT  
SUBSURFACE SYSTEMS BUREAU**



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Concord, NH 03302-0095

phone: (603) 271-3501 fax: (603) 271-6683 website: <http://des.nh.gov/organization/divisions/water/ssb/index.htm>

**APPLICATION FOR REPAIR OR REPLACEMENT IN KIND OF AN INDIVIDUAL SEWAGE  
DISPOSAL SYSTEM**

**(Valid for 90 days from date of approval)**

Fee \$300 per System

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

**\*\*\*ALL SECTIONS ON THIS FORM ARE REQUIRED TO BE FILLED OUT TO BE DEEMED COMPLETE. INCOMPLETE APPLICATIONS SHALL BE RETURNED.**

YES  NO - Is City/Town prior approval required in accordance with RSA 482-A:32, II? Date approved / /

**Signature of Municipal Official:**

YES  NO - This application is to replace a FAILED SYSTEM.

This system receives only domestic waste water generated from a residence and there is NO increase in flow.

Information on the test pit(s) dug bearing the Designer's stamp; test pit number, the date the test pit was dug, and the results of the test pit is attached to this application. Test pit data must be new.

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. You may attach these requirements to this form instead.

A copy of the Existing Conditions plan, including dimensions and final contours and bearing the permitted Designer's stamp must be provided for the inspector at the time of inspection.

No new waivers are associated with this application.

**1. PREVIOUS APPROVALS**

Date of Operational Approval: / / and Previous Construction Approval #: \_\_\_\_\_

**2. PROJECT LOCATION**

ADDRESS: \_\_\_\_\_ TOWN/CITY: \_\_\_\_\_

BOOK	PAGE	COUNTY	TAX MAP	BLOCK	LOT(S)
_____	_____	_____	_____	_____	_____

**3. APPLICANT**

NAME (Last, First, Initial): \_\_\_\_\_ Company/ DBA: \_\_\_\_\_

EMAIL OR FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_

**DESIGNER NAME**  Same as applicant \_\_\_\_\_ NH Designer Permit # \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**4. PROPERTY OWNER**

NAME (Last, First, Initial): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL OR FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**5. WATER SUPPLY (Indicate the type of water supply that currently services the lot – check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Municipal - Name: _____                                    | <input type="checkbox"/> Well On Lot:                           |
| <input type="checkbox"/> Public Water System - Name: _____                          | Well radius on lot?   |
| Type of public water system:  | <input type="checkbox"/> Yes                                    |
| <input type="checkbox"/> Community <input type="checkbox"/> Transient non-community | <input type="checkbox"/> No (Provide Recorded Well Release)     |
| <input type="checkbox"/> Non-transient non-community                                | <input type="checkbox"/> Well Off Lot (Provide Deeded Easement) |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Pre 1989 well                          |

**6. SYSTEM INFORMATION**

(a) Reason for Replacement or Failure

- Age;  Excessive Load;  Inappropriate Load;  Other (specify): \_\_\_\_\_

(b) Existing System Information

- Gravity  Pump  
 Above Ground / Mounded  In Ground  At Grade

Effluent Disposal Area Type: \_\_\_\_\_

- Pre Treatment Pre treatment Type: \_\_\_\_\_

- Unknown / Other: \_\_\_\_\_

Age of Existing System: \_\_\_\_\_ years

Septic Tank Size: \_\_\_\_\_ gallons Type: \_\_\_\_\_

New Tank size: \_\_\_\_\_ gallons Type: \_\_\_\_\_

Number of Structures Currently Served: \_\_\_\_\_ Total Flow (all bedrooms): \_\_\_\_\_ GPD

Number of bedrooms: \_\_\_\_\_ Number of Current Occupants: \_\_\_\_\_

(c) Existing Household Appliances that Discharge to Septic System: (check all that apply)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Garbage Grinder/Disposal | <input type="checkbox"/> Washing Machine | <input type="checkbox"/> Water Chlorinator            | <input type="checkbox"/> Water Treatment System |
| <input type="checkbox"/> Jacuzzi/Hot Tub          | <input type="checkbox"/> Dishwasher      | <input type="checkbox"/> Solids Pump Unit Before Tank | <input type="checkbox"/> Other: _____           |

**7. OTHER NHDES APPROVALS / PERMITS REQUIRED TO CONSTRUCT THIS SYSTEM (Check all that apply)**

- SSB Subdivision Approval Permit # \_\_\_\_\_  
 Pending **OR N/A BECAUSE:**  pre-1967;  >= 5 acres;  Env-Wq 1004.05;  RSA 485-A:2, XIII

- |  |  |
|--|--|
| <input type="checkbox"/> Water Supply Approval Permit # _____  | <input type="checkbox"/> Wetlands Bureau Approval Permit # _____ |
| <input type="checkbox"/> Pending; <input type="checkbox"/> N/A | <input type="checkbox"/> Pending; <input type="checkbox"/> N/A   |

Yes /  No This project is located in the Protected Shoreland.

Shoreland Permit # \_\_\_\_\_

Pending  N/A exempt

Type of Waterbody  Lake;  River /Stream;  Tidal

Name of Waterbody: \_\_\_\_\_

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

<b>APPLICANT SIGNATURE<sup>1</sup></b> <b>DATE:</b> /    /	<b>PROPERTY OWNER SIGNATURE<sup>2</sup></b> <b>DATE:</b> /    /

<sup>1</sup> The following 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.

<sup>2</sup> The following 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.

# APPLICATION FOR REPAIR OR REPLACEMENT IN KIND OF AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM CHECKLIST

**(Do not submit this checklist with your application, but keep it for your reference)**

For more information see: <http://des.nh.gov/organization/divisions/water/lrm/summary.htm>

Land Resources Management, Subsurface Systems Bureau reviews incoming permit application packages to determine presence or absence of the minimum elements required for NH DES to begin technical review. The technical staff will review the application material for compliance with applicable technical standards and confirm that the applicant has fulfilled all requirements as specified by statute or rule. Application packages missing required elements will be returned to the applicant in their entirety, including the fee.

## Does the replacement ISDS qualify?

Pursuant to 485-A:33 IV.(a), the repair or replacement in-kind of a sewage effluent disposal area shall qualify for a permit by rule, provided **ALL** of the following criteria are met:

- (1) The existing system receives only domestic sewage generated from a residence.
- (2) There is no increase in sewage loading proposed for the repaired or replacement system.
- (3) The bottom of the bed is located no less than 24 inches above the seasonable high water table.
- (4) The system is located 75 feet or more from an abutter's well unless there is a standard well release form recorded with the registry of deeds in accordance with RSA 485-A:30-b or there is an existing department waiver to the distance for the abutter's well.
- (5) The system is located 75 feet or more from the owner's well unless there is an existing department waiver to the distance for the owner's well.
- (6) The existing system received prior construction and operational approval from the department and the replacement or repaired system will conform to the provisions of such approval, provided the department may by rule require a minimum septic tank size of 1,000 gallons.
- (7) 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).
- (8) No new waivers to the department's rules are requested.
- (9) The system has not been previously repaired or replaced under a permit by rule in accordance with the provisions of this paragraph.

## Application submittal:

Construction of the system may proceed upon the submission of an application to the department by a permitted designer under RSA 485-A:35 and receipt of the permit by rule from the department. The application must be fully completed and approved by the department prior to commencing construction. A new approval number will be issued once the application is approved.

The permitted designer must also submit a NEW test pit that was dug specifically for the purpose of submitting this application, bearing the designer's stamp.

Applications must have a current local prior approval date and signature of the municipal official.

## Other requirements at the time of inspection:

The repaired or replacement system shall not be covered or placed in operation without final inspection and approval by an authorized agent of the department. The installer shall provide the authorized agent of the department, at the time of the inspection, a copy of the previously approved plan bearing the **state approval stamp** and associated **operational approval**, and an **existing conditions plan**, with dimensions, showing final contours and bearing the seal of the permitted designer performing work under the permit by rule.

If the abutter's well has a recorded well release and the system to be repaired or replaced is within 75 feet of the well, a copy of the recorded well release shall be submitted at the time of inspection.

**Public Water Supply types:**

Env-Ws 302.10 "Community water system" means "community water system" as defined in RSA485:1-a, I, namely "a public water system which serves at least 15 service connections used by year-round residents or regularly serves at least 25 year-round residents." EXAMPLES: Manufactured Housing Parks, Adult residential communities and any residential community with 15 services or 25 people using one or more shared well sources.

Env-Ws 302.50 "Non-transient non-community water system (NTNC)" means "non-transient non-community water system" as defined in RSA 485:1-a,XI, namely "a system which is not a community water system and which serves the same 25 people or more over 6 months per year."

EXAMPLES: Schools, Daycares and Businesses with 25 or more staff.

Env-Ws 302.83 "Transient non-community water system (TNC)", means a non-community water system that serves at least 25 persons in a transitory setting such as a restaurant for more than 60 days each year.

FOR MORE INFORMATION ON A PUBLIC WATER SUPPLY, PLEASE CONTACT THE DRINKING WATER AND GROUNDWATER BUREAU @ (603) 271- 2513.