



**APPLICATION FOR AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM**  
 Water Division/ Subsurface Systems Bureau  
 Land Resources Management



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

Work Number:		Check No:		Amount:		Initials:	
Administrative Use Only		Administrative Use Only		Administrative Use Only		Administrative Use Only	
<b>1. TYPE OF SYSTEM (Fee \$300 per System)</b>							
<input type="checkbox"/> <b>New System</b>	<input type="checkbox"/> <b>Replacement System</b>	<input type="checkbox"/> <b>Replacement Failed System</b>	<input type="checkbox"/> <b>Collection System</b>	<input type="checkbox"/> <b>Revised</b>			
<b>2. SPECIAL TYPES OF SYSTEMS</b>							
REPLACEMENT SYSTEMS: Operational Approval date / / & Previous Construction Approval #							
REVISED PLANS: Previous Construction Approval #							
COLLECTION SYSTEM: EDA Previously Approved: Operational Approval date / / & Construction Approval #							
MUNICIPAL PRIOR APPROVAL REQUIRED (Attach town approval letter) Date approved / /							
<b>3. SUBDIVISION STATUS</b>							
SUBDIVISION NAME:				<b>OR N/A BECAUSE:</b>			
STATE SUBDIVISION Approval #				<input type="checkbox"/> pre-1967; <input type="checkbox"/> >= 5 acres; <input type="checkbox"/> Env-Wq 1004.05; <input type="checkbox"/> RSA 485-A:2, XIII (exempt), <input type="checkbox"/> Pending			
<b>4. PROJECT LOCATION</b>							
ADDRESS:				TOWN/CITY:			
TAX MAP(S)	BLOCK(S)	LOT(S)	UNIT(S)	BOOK	PAGE	PROBATE #	
<b>5. APPLICANT</b>							
DESIGNER NAME:				P.E. NAME:			
NH DESIGNER #:				P.E. #           ** P.E. required over 2500GPD			
COMPANY NAME / DBA:				<input type="checkbox"/> Home Owner Design			
MAILING ADDRESS:							
TOWN/CITY:				STATE:		ZIP CODE:	
PHONE:			EMAIL OR FAX:				
<b>6. PROPERTY OWNER</b>							
PROPERTY OWNER NAME:							
MAILING ADDRESS:							
TOWN/CITY:				STATE:		ZIP CODE:	
PHONE:			EMAIL OR FAX :				
<b>7. SIGNATURES (A NHDES PERMITTED DESIGNER MUST SIGN AS APPLICANT)</b>							
<b>APPLICANT SIGNATURE<sup>1</sup></b> <b>DATE:</b> /    /				<b>PROPERTY OWNER SIGNATURE<sup>2</sup></b> <b>DATE:</b> /    /			

<b>8. TYPE OF DEVELOPMENT</b>				
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> CONDOMINIUM	<input type="checkbox"/> CAMPING / TENTING	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> PUBLIC FOOD ESTABLISHMENT
<input type="checkbox"/> APARTMENT	<input type="checkbox"/> MANUFACTURED HOUSING PARK	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> DUPLEX	<input type="checkbox"/> OTHER:
<b>9. DESIGN FLOW CALCULATIONS</b>				
<input type="checkbox"/> RESIDENTIAL NUMBER of BEDROOMS:      FLOW:      GPD	<input type="checkbox"/> COMMERCIAL FLOW:      GPD	<input type="checkbox"/> Other(ie: apartment): Flow:      GPD		
<b>10. TYPE OF DESIGN</b>				
<input type="checkbox"/> GRAVITY	<input type="checkbox"/> ABOVE GROUND	Effluent Disposal Area Type (ie: stone & pipe):		
<input type="checkbox"/> HOLDING TANK	<input type="checkbox"/> IN GROUND			
<input type="checkbox"/> PUMP	<input type="checkbox"/> AT GRADE	<input type="checkbox"/> Pre Treatment: Type:		
<input type="checkbox"/> The 50 % Rule is being used in accordance with Env-Wq 1014.06				
<b>11. WATER SUPPLY (Indicate the type of water supply that services the lot – check all that apply)</b>				
<input type="checkbox"/> PUBLIC WATER SYSTEM: Name:				
WELL RADIUS ON LOT: <input type="checkbox"/> Yes <input type="checkbox"/> No (For residential use provide a recorded well release. For commercial use, provide a recorded easement. Is the Well radius				
<input type="checkbox"/> WELL RADIUS OFF LOT, BUT PRECLUDED FROM DEVELOPMENT (Reason must be clearly depicted on plan),				
<input type="checkbox"/> PRE 1989 WELL,				
<input type="checkbox"/> WELL OFF LOT (Provide a recorded easement or deeded water rights), <input type="checkbox"/> OTHER:				
<b>12(a). OTHER NHDES APPROVALS / PERMITS REQUIRED TO CONSTRUCT THIS SYSTEM (Check all that apply)</b>				
<input type="checkbox"/> Alteration of Terrain Permit #		<input type="checkbox"/> UIC Registration Date:		
<input type="checkbox"/> Pending		<input type="checkbox"/> Wetlands Bureau Approval Permit #		
<input type="checkbox"/> Water Supply Approval Permit #		<input type="checkbox"/> Pending		
<input type="checkbox"/> Pending		<input type="checkbox"/> Pending		
<input type="checkbox"/> Shoreland Permit # <input type="checkbox"/> Pending <input type="checkbox"/> N/A exempt				
Is any part of the proposed septic system located within 250 feet of a Protected Shoreland? <input type="checkbox"/> Yes / <input type="checkbox"/> No				
Name of Waterbody:		Type of Waterbody <input type="checkbox"/> Lake; <input type="checkbox"/> River /Stream; <input type="checkbox"/> Tidal		
Is any part of the proposed septic system located within 150 feet of a Protected Shoreland? <input type="checkbox"/> Yes / <input type="checkbox"/> No				
** Submit a photo of the impact area				
<b>12(b).WAIVERS</b> List Waivers Requested: Env-Wq				
<b>13. REPLACEMENT AND/OR FAILED SYSTEMS ONLY</b>				
REASON FOR REPAIR OR REPLACEMENT <input type="checkbox"/> Age; <input type="checkbox"/> Excessive Load; <input type="checkbox"/> Inappropriate Load; <input type="checkbox"/> Other (specify):				
<b>INFORMATION ABOUT THE STRUCTURES SERVED</b>				
Number of Existing Structures Served:		Number of bedrooms:	Number of Current Occupants:	
<b>HOUSEHOLD ITEMS: (CHECK ALL THAT APPLY)</b>				
<input type="checkbox"/> Garbage Grinder/Disposal	<input type="checkbox"/> Washing Machine	<input type="checkbox"/> Water Chlorinator	<input type="checkbox"/> Dish washer	
<input type="checkbox"/> Jacuzzi/Hot Tub	<input type="checkbox"/> Water Softener	<input type="checkbox"/> Solids Pump Unit before Tank	<input type="checkbox"/> Other:	
<b>INFORMATION ABOUT THE OLD DISPOSAL SYSTEM (ISDS)</b>				
Age of Existing System:      years				
<input type="checkbox"/> Gravity, <input type="checkbox"/> Pump				
Primary Design Type: <input type="checkbox"/> Above Ground / Mounded, <input type="checkbox"/> In Ground, <input type="checkbox"/> At Grade				
Effluent Disposal Area Type:				
<input type="checkbox"/> Pre Treatment    Pre treatment Type: <input type="checkbox"/> Unknown / Other:				
Existing Septic Tank: Size:                      gallons Type:                      /				
Replacement Septic Tank (If applicable) Size:                      gallons Type:				

*The following signatory certification applies to the Applicant: The Applicant certifies that s/he is a permitted designer in good standing or the owner of said property, 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.<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.*