



TOWN OF DURHAM
15 NEWMARKET ROAD
DURHAM, NH 03824-2898
603/868-8064 • 603/868-8065
FAX 603/868-8033
www.ci.durham.nh.us

Fee: \$100

SEPTIC PERMIT APPLICATION

**COPIES OF N.H. DES REPAIR/REPLACEMENT REPORT
REQUIRED WITH THIS APPLICATION**

Permit Number _____

PROJECT LOCATION

_____ Zoning Dist. _____
(Street No. & Name)

Map Number _____ Lot Number _____ Lot Dimensions _____

OWNER IDENTIFICATION

Owner _____
(Name) (Address) (Phone #)

Lessee _____
(Name) (Address) (Phone #)

Agent
Only _____
(Name) (Address) (Phone #)

Septic
Installer _____
(Name) (Address) (Phone #)

Septic
Designer _____
(Name) (Address) (Phone #)



TYPE OF USE

Residential: _____ One Family
 _____ Two or more Families _____ No. of Units
 _____ Hotel/Motel _____ No. of Units
 _____ Other, Specify _____

No. of Bedrooms _____ No. of Bathrooms: Full _____ Partial _____
No. of Proposed Bedrooms _____

Nonresidential: _____ Amusement
 _____ Church
 _____ Industrial
 _____ Parking Garage
 _____ Service Station/Repair Garage
 _____ Hospital
 _____ Office, Bank, Professional
 _____ School, Library, Etc.
 _____ Other, Please Specify _____

Describe in detail proposed use of building _____
Describe in detail existing use of building _____
Square footage _____
Occupancy Load _____

TYPE OF IMPROVEMENT

_____ New System
_____ Replacement in-kind
_____ Failed System
_____ Other, Specify _____

Have test pits been dug and witnessed by the Durham Code Enforcement Official?
If **yes**, date _____
If **no**, you must schedule an inspection prior to permit approval.

CERTIFICATION

I hereby certify that I have read and examined this application and know the same to be true and correct. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

No substantive change(s) in the project scope and accompanying plans will be made without approval of the Building Inspector.

I owner/applicant hereby agree to comply with all statutes, ordinances, codes, regulations and rules as they pertain to the exercising of this permit.

I owner/applicant hereby give permission for the Building Inspector and/or other Town employees to enter onto the property at reasonable times for purposes of assuring compliance with any permits and approvals pertaining to this building permit.

I further acknowledge that the proposed structure or improvement(s) shall not be occupied or otherwise utilized without the issuance of a **CERTIFICATE OF OCCUPANCY**. A Certificate of Occupancy is required for all inspections.

Signature of Contractor or Authorized Agent

Date

Signature of Owner

Date

PLEASE NOTE:

Neither the review of any applications or plans by officials of the Town of Durham, nor any subsequent inspection of the premises, should be relied upon as an assurance of conformity to legal requirements. The applicant shall remain fully responsible for complying with all applicable United States, New Hampshire or Durham laws, ordinances, regulations or conditions.

Separate permits are required for electrical, plumbing, heating, signs, ventilating or air conditioning and driveway access.

A Site or Plot Plan or sketch showing the actual dimensions of the building site and the property setbacks is required.

This permit becomes null and void if work or construction authorized has not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced.

This permit is not assignable or transferable.

N.H. DES SUBSURFACE SYSTEMS BUREAU
REPAIR / REPLACEMENT REPORT - ENV-WQ 1003.10(c)
FILE PRIOR TO UNDERTAKING WORK



Date: _____

Designer: Name: _____

Permit Number: _____

Address: _____

Daytime Telephone Number: _____ Email Address: _____

Fax Number: _____

Installer: Name: _____

Permit Number: _____

Address: _____

Daytime Telephone Number: _____ Email Address: _____

Fax Number: _____

Owner: Name: _____

Address: _____

Daytime Telephone Number: _____ Email Address: _____

Fax Number: _____

Lot and System Information:

Town: _____

Street: _____

Tax Map No: _____

Lot No: _____

State Approved System? YES NO

Construction Approval Number: _____

Percolation Test: Not Required

Test Pit Date: _____

Test Pit No.: _____

ATTACH TEST PIT RESULTS

To see if the ISDS qualifies for repair/replacement, answer the following questions:

1. Does the ISDS serve a commercial building? YES NO
2. Is the EDA within 75 feet of any surface water or water supply well? YES NO
3. Is the EDA bottom less than 24 inches above the seasonal water table? YES NO
4. Any change to dimensions, location, depth, or type of design? YES NO
5. Any change in use? YES NO
6. Any increase in flow? YES NO

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, THE SEPTIC SYSTEM DOES NOT QUALIFY for repair/replacement of existing systems under Env-Wq 1003.10.

Signatures: **BY SIGNING, I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE, COMPLETE, AND NOT MISLEADING TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Installer: _____ Permit No.: _____ Date: _____

Designer: _____ Permit No.: _____ Date: _____

CONDITIONS: Completed Repair/Replacement Questionnaire and sketch **MUST** be submitted within 10 days of completion of the project.

Contact Information: NHDES, Subsurface Systems Bureau, 29 Hazen Drive, Concord, NH 03302
Telephone: (603) 271-3501 Fax: (603) 271-6683

N.H. DES SUBSURFACE SYSTEMS BUREAU
REPAIR/REPLACEMENT QUESTIONNAIRE - Env-Wq 1003.10(i) and (l)
SUBMIT WITHIN 10 DAYS OF COMPLETING WORK



Date Work Completed: _____

Designer: Name: _____

Permit Number: _____

Address: _____

Daytime Telephone Number: _____

Installer: Name: _____

Permit Number: _____

Address: _____

Daytime Telephone Number: _____

Owner: Name: _____

Daytime Telephone Number: _____

Address: _____

Lot Location:

Town: _____

Street: _____

Tax Map No: _____

Lot No: _____

Water Supply (check one): Individual Community Municipal (Name: _____)

of Occupants (check one): 1 2 3 4 5 6 More than 6 (#: _____)

of Bedrooms (check one): 1 2 3 4 5 6 More than 6 (#: _____)

Household Items (check all that apply): Garbage Grinder Washing Machine Chlorinator

Dishwasher Jacuzzi/Hot Tub Water Softener Solids pump unit before septic tank

Other: _____

Sewage Disposal System (ISDS)

Effluent Disposal (check all that apply):

In-ground

Raised

Pressure Distribution

Trenches

Leachfield

Drywell

Pipe-and-stone

Chambers

Large diameter graveless pipe

Other (specify) _____

Age of System: _____ years

Septic Tank: Old/Existing: Size: _____ gallons Type: _____

New (if applicable): Size: _____ gallons Type: _____

Average time between pumping of Septic Tank: _____ years **OR** Tank never pumped

Opinion as to why repair/replacement was needed:

Age Excessive load (volume) Inappropriate load (chemicals, etc.)

Other: _____

ATTACH SKETCH REQUIRED BY ENV-WQ 1003.10(i) - (k), SIGNED BY PERMITTED DESIGNER

Signature: **BY SIGNING, I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE, COMPLETE, AND NOT MISLEADING TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Installer: _____ Permit No.: _____

Date: _____

Contact Information: NHDES, Subsurface Systems Bureau, 29 Hazen Drive, Concord, NH 03302
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