



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



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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 COMPLETED FOR PROCESSING (SECTIONS 1-14).
INCOMPLETE FORMS WILL BE RETURNED TO YOU IN THEIR ENTIRETY.**

DESIGNER - This application is for a FAILED system Yes No

1. AGREE TO THE FOLLOWING STATEMENTS

- 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 and the water supply are in the approved location and 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))

a) Date of Operational Approval: / / and Previous Construction Approval #:

b) Municipal Approval Signature: and Municipal Approval Date: / /

3. PROJECT LOCATION

ADDRESS: TOWN/CITY:

Book Page County Tax Map Block Lots

4. APPLICANT

DESIGNER NAME (Last, First, Initial): NH Designer Permit #

COMPANY/ DBA:

MAILING ADDRESS:

TOWN/CITY: STATE: ZIP CODE:

EMAIL OR FAX: PHONE:

5. PROPERTY OWNER

NAME (Last, First, Initial):

MAILING ADDRESS:

EMAIL OR FAX: PHONE:

TOWN/CITY: STATE: ZIP CODE:

6. WATER SUPPLY	
<input type="checkbox"/> The water supply must be located in strict accordance with the State approved plan to use this application. If the Water supply has changed or has been relocated, an Application for Individual Sewage Disposal System Approval	
7. REASON FOR REPLACEMENT OR FAILURE	
<input type="checkbox"/> Age <input type="checkbox"/> Excessive Load <input type="checkbox"/> Inappropriate Load <input type="checkbox"/> 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) <input type="checkbox"/> Gravity or <input type="checkbox"/> Pump	
(b) <input type="checkbox"/> Above-Ground/Mounded or <input type="checkbox"/> In-Ground or <input type="checkbox"/> At-Grade	
(c) Effluent Disposal Area Type (specify – e.g. stone & pipe): _____	
(d) Pre-Treatment Type: _____ or <input type="checkbox"/> NA	
(e) Age of Existing System: _____ years	
(f) Existing Septic Tank Size: _____ gallons Type: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Other	
(g) Replacement Septic Tank Size [Ⓢ] if applicable) _____ gallons Type: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Other	
(h) 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/HotTub <input type="checkbox"/> Dishwasher <input type="checkbox"/> Solids Pump Unit Before Tank <input type="checkbox"/> Other (specify): _____	
11. OTHER NHDES APPROVALS / PERMITS REQUIRED TO CONSTRUCT THIS SYSTEM (Check all that apply)	
(a) <input type="checkbox"/> SSB Subdivision Approval Permit # _____ <input type="checkbox"/> Pending OR N/A BECAUSE: <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	
(b) <input type="checkbox"/> Water Supply Approval Permit # _____ <input type="checkbox"/> Pending; <input type="checkbox"/> N/A	(c) <input type="checkbox"/> Wetlands Bureau Approval Permit # _____ <input type="checkbox"/> Pending; <input type="checkbox"/> N/A
(d) <input type="checkbox"/> Yes / <input type="checkbox"/> No This project is located in the Protected Shoreland. <input type="checkbox"/> Pending <input type="checkbox"/> N/A exempt <input type="checkbox"/> Shoreland Permit # _____ Type of Waterbody <input type="checkbox"/> Lake; <input type="checkbox"/> River /Stream; <input type="checkbox"/> 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 15 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) The Municipal approval signature and date approved on this application or a letter describing the Municipal approval if the project is in any of the local-approval towns per RSA 485-A:32, I & II.
----- 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) dates test pits 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.

15. 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.

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>

Materials Presence/Absence Checklist for **REPAIR OR REPLACEMENT IN KIND OF AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM CHECKLIST** 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.

Minimum Elements Required for Acceptance

- (1) Application Form with indication of FAILED system and Sections 1 through 15 completed. (RSA 485-A:33, IV(b))
- (2) Municipal approval signature and date approved or a letter describing the Municipal approval if required per RSA 485-A:32,II.
- (3) Test pit information including a) test pit results stamped by permitted Designer; test pit numbers; and c) dates test pits were dug (test pits must be dug within 90 days of DES receipt of this application)
- (4) Correct Fee (\$300 per system), check made payable to: "**Treasurer - State of NH**". (RSA 485-A:30, I)

Information Required at Time of Inspection

- (1) Copy of previously approved plan bearing the STATE approval stamp (RSA 485-A:33, IV(c))
- (2) Copy of the Operational Approval. (RSA 485-A:33, IV(c))
- (3) Copy of existing conditions plan, including dimensions and final contours and bearing the permitted Designer stamp. (RSA 485-A:33, IV(c))

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. (RSA 485-A:33, IV(a)(1))
- (2) There is no increase in sewage loading proposed for the repaired or replacement system. (RSA 485-A:33, IV(a)(2))
- (3) The bottom of the bed is located no less than 24 inches above the seasonable high water table. (RSA 485-A:33, IV(a)(3))
- (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. (RSA 485-A:33, IV(a)(4))
- (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. (RSA 485-A:33, IV(a)(5))
- (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. (RSA 485-A:33, IV(a)(6))
- (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). (RSA 485-A:33, IV(a)(7))
- (8) No new waivers to the department's rules are requested. (RSA 485-A:33, IV(a)(8))
- (9) The system has not been previously repaired or replaced under a permit by rule in accordance with the provisions of this paragraph. (RSA 485-A:33, IV(a)(9))
- (10) The permitted designer shall verify that all components of the ISDS are in the approved location and installed in strict accordance with the approved plan. If the location of any component of the ISDS or the water supply is not located as approved, do not use this application: an **INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICATION is required.**

Other requirements at the time of inspection:

Detailed directions are required when the installer requests an 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.

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 RSA 485:1-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.