

FEE IS NON-REFUNDABLE
APPLICATION IS NON-TRANSFERRABLE



FEES
NEW \$535.00
B100A REVIEW \$200.00
REPAIR/ALTERATION W/LEACHING \$410.00
REPAIR/ALTERATION TANK ONLY \$260.00
PLAN CHANGE \$205.00

APPLICATION TO CONSTRUCT, ALTER OR REPAIR A SEWAGE DISPOSAL SYSTEM

Three copies of detailed scaled plans must be submitted with this application. Soil test Plans Prepared by: data, acceptable to the Director of Health, must be on file at the Health District. Installer ☐ Professional Engineer ☐

Sewage Failure Confirmed (Describe:)

_____ Date: _____ Sanitarian Initials: _____

Location:

Street Address _____ Lot Number _____ Town _____
Owner: _____ Address: _____ Tel: (_____) _____

PRINT Name of owner or duly authorized agent

Signature of owner or duly authorized agent

Date

RESIDENTIAL STRUCTURE:

Age of structure (years) _____
No. of bedrooms: _____
No. tubs greater than 99 gal. overflow: _____
Garbage disposal: ☐ Yes ☐ No
Water treatment softener/filter ☐ Yes ☐ No
Water supply: ☐ Well ☐ Public
Fixtures in basement ☐ Yes ☐ No
Other: _____

NON-RESIDENTIAL STRUCTURE:

Type (Store, Office, etc.): _____
Design criteria: _____
LOT:
Part of subdivision: ☐ Yes ☐ No
Subdiv. name: _____
Date of approval: _____
Lot size: _____

Public supply watershed . ☐ Yes ☐ No
Public sewer access ☐ Yes ☐ No
Wetlands ☐ Yes ☐ No
Flood zone ☐ Yes ☐ No
Footing drains..... ☐ Yes ☐ No
Curtain drains ☐ Yes ☐ No
Stormwater drywell ☐ Yes ☐ No

System to consists of: _____ and _____
Septic Tank Size/Pump Chamber _____ Leaching Area: Description / LINEAL Feet / Sq. Ft. _____

Licensed Installer: _____
Name (PRINT) _____ Signature _____ License No. _____ Date _____

For Health District Use Only — Do Not Write Below this Line

Plan reviewed by: _____ Approved: _____ By: _____
Date _____ Sanitarian's Signature _____

AHD Test during Wet Season: ☐ Percolation Rate: ☐ 1/10 ☐ 1/20 ☐ 1/30 ☐ 1/45 ☐ 1/60 Area of Special Concern: ☐ Yes ☐ No
Comments: Restrictive Layer: _____ inches Engineering Design Required: ☐ Yes ☐ No MLSS (ft): _____

DOCUMENTS NEEDED TO ISSUE PERMIT TO DISCHARGE

	Yes	No	Date Received	Initials
Sieve Analysis.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Fill Percolation Rate.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
As Built of System.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Engineer's approval	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Well Permit	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Well Completion Report.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Water Analysis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Conditions:

Approval to construct by: _____ Created: _____ Date/Initials _____
Sanitarian _____ Date _____



Installer: _____

NAME AND DATE

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. The top edge of the paper is slightly irregular, like a torn piece of paper.

Check List for SSDS Design



1. Date.
2. Owner's name.
3. Property address.
4. Scale 1" = 40' or less.
5. Type of design, i.e., B100a, repair, alteration, etc.
6. Soil data written out on the plan.
7. Test holes and perc locations must be accurate.
8. Septic design, MLSS if applicable
9. MCR MLSS data needs to be clear.
10. Existing septic system on the plan.
11. Number of bedrooms: current and proposed.
12. Location of the house, driveway, accessory structures, walls, etc.
13. Wells (potable, irrigation, geothermal) or public water line
14. Nearby wells: show proper separation or say verified by self.
15. Location of the house sewer line.
16. Location and size of the septic tank.
17. Location and size of the pump chamber if applicable.
18. The location and description of the leaching system.
19. Property lines.
20. Open water courses & wetlands.
21. Ground and surface water drains.
22. Storm water drainage on site and neighbors.
23. Buried fuel tanks (check with owner).
24. Buried utilities must be shown on the plan.
25. Survey shall have contours or spot elevations.
26. Benchmark for installation must be provided.
27. Cross-section for installation must be provided.
28. Designers name and license number.

*Failure to provide the necessary information will delay the review and/or approval for the septic design. A licensed septic installer or design engineer is responsible for providing and confirming the above-listed information.

CONTACT INFORMATION / OWNER AUTHORIZATION

Project Address:

Street Address/Project Location

Town State Zip Code
Application(s) being submitted: Description of Proposed Work:

Applicant's/Agent's Information: To be contact person regarding above applications (☐ Applicant is Owner)

Name: _____ Phone# (____) _____ - _____

Company _____

Mailing Address: _____
Street Address

Town/City State Zip Code

Email: _____

Property Owner Authorization

I hereby declare the following:

1. That I am the Owner of the premises listed as *Project Address* above.
2. That the *Applicant/Agent*, listed above, is duly authorized on my behalf to execute the *Application(s)*, listed above, to obtain health approval(s) and permit(s) to commence construction of the *Proposed Work* described above.

Owner's Signature Date

Applicant/Agent's Signature Date

Owner's Information: ☐ Please include owner in all correspondence regarding above applications

Name: _____ Phone# (____) _____ - _____

Company _____

Mailing Address: _____
Street Address

Town/City State Zip Code

Email: _____