

Form #1

Technical Standards for Subsurface Sewage Disposal Systems

APPLICATION FOR APPROVAL TO CONSTRUCT A SUBSURFACE SEWAGE DISPOSAL SYSTEM

Application/Permit no.: _____

To the Director of Health, Town of: **Manchester** Date: _____

Application is hereby made for an approval to construct a subsurface sewage disposal system for a:

(Residential Building, Restaurant, Retail Building, etc.)

located at _____
(Street Address, Lot Number, Subdivision Name, Map, Block, Lot, etc.)

New System _____ Addition _____ Repair _____ Other _____

Owner _____ Address _____ Tel.No. _____

Licensed Installer name (print) _____ Tel.No. _____

Installer Signature _____ License No. _____ Date issued _____

Note: Valid photo ID and DPH license must be provided. A licensed subsurface sewage disposal system installer must be present during system installation.

Application fee paid _____ Signed _____
(Owner or duly authorized representative)

GENERAL INFORMATION

Soil Tests Conducted (Date) _____ Lot size _____ sq.ft.

Area of Special Concern (Y/N) _____ If yes, Reason(s) _____

Basis of Design (# of Bedrooms, Restaurant Seats, Building Size, etc) _____

Professional Engineer (P.E.) Plan Required (Y/N) _____ If yes, Name of P.E. _____

Design Plan Approved (Y/N) _____ Date of Approved Plan _____ Revision Date _____

Type of Water Supply _____ If well, has location been approved (Y/N) _____

Well Driller's Name _____ Address _____

OFFICE USE ONLY

Approval to Construct is hereby issued by _____ Date _____
(Print Name)

Signature _____ Title: _____

Note: Approvals to Construct shall be issued by the DOH or Registered Sanitarian

Repair - \$50.00

New Construction - \$350.00