

Permit # _____

Application for Site Testing and the Installation of Sewage Disposal Systems

Property Location: Town:	Street:	Street #	:	Lot #:
Owner:			Phone No:	
Address:				
Owner's Email address:				
nstallers Name:	Licer	se #:	Date Issued:	
Company Name:				-
Address:			Phone No:	
nstallers Email address:				
No of Bedrooms: Use of Structur	e:			
Garbage grinder/disposal? □No □Ye	s Whirlpool/Oversized tub?	□No □Yes #o	f Gals	
Non-residential design criteria:			Flow	GPD
Within 200 ft. of: A public water supp	ly? □Yes □No A public sewe	er? □Yes □No W	ater Supply: □I	Public □Well
Footing Drain: □Yes □No Curtain Dra	in: □Yes □No In-ground Fue	l Tank: □Yes □No	Easements on	Lot : □Yes □No
On a Flood Plain?: □Yes □No Wetlan		t of a Watercourse	e or Pond: □Ye	s □No
Site Testing - \$100.00/lot □ New Syst		lots	\$	_
Additional Testing - □ \$75.00/lot	No. of lots		\$	
Septic Repair/Renovation Testing -	\$ 75.00			
Perc Testing Fill - □ \$50.00			\$	
Groundwater Monitoring - ☐ \$100.00			\$	
Sewage Disposal System Permit - Commercial System \$150.00 Residential System \$100.00:	□ Transfer or Renew Permit	\$50.00	\$	
Plan Review - ☐ Residential \$75.00 w/☐ Subdivision/Site Plan☐ Subdivision/Site Plan☐	•			
	□ Revisions \$25.00/lot # of		\$	
		Total Fee Due:	\$	_
Fee Paid: \$Cash: Che	eck #: Receipt #:		Date:	

Signature of Installer:

Date: ____

- The installer must present a copy of his current license and valid photo ID, and sign the application in person at the District office.
- A set of house plans must be submitted with the application for new construction.
- The applicant for site testing must arrange for a backhoe and supply 10 gallons of water on-site.
- A minimum of 4 test holes and a perc test, in the primary and reserve areas, are required per lot.
- An accurate plot plan, to scale, must accompany the application.
- > The fee must be submitted with the application prior to testing the lot.

For District Use Only

Soil tests conducted (date):			
Area of Special Concern: ☐ Yes ☐ No	If yes, reasons:		
Engineered plan required: ☐ Yes ☐ No			
If yes, Name of Engineer:			
Address of Engineer:			
Design Plan Approved (date):		_ Approved By:	
Date of Approved Plan:		_	
Revision Date:		_	
Well Permit Approved (date):		_	
Well Driller's Name:			
Well Driller's Address:			
Permit to Construct Issued (date):		_	