



Town of Amherst, New Hampshire
Office of Community Development

Building · Code Enforcement · Planning · Zoning · Economic Development

Colleen Mailloux, Community Development Director

AMHERST SEPTIC PERMIT APPLICATION

To Build, Alter, Repair, Install, or Change Buildings, Land, or Uses

Owner(s): _____ Email: _____
Address: _____ Phone: _____ Date: _____
Location of Work: _____ Map: _____ Lot: _____ - _____ Zoning Dist: _____
Fee Due: \$ _____, Paid: _____, Date: _____ Hist. Dist: __ Yes __ No

Type of Permit:

System: __ New, __ Replacement, __ Repair, __ Residential, __ Commercial, __ Holding Tank, Size: _____ (2K/min),

Checklist – To Be Filled Out Completely By System Designer - (Check all that Apply or Indicate N/A)

- ____ 4 copies of plan, ____ State Application, ____ Waiver Requested (Total # Requested) ____ State Check/Envelope
- ____ Test Pit Results: ESHWT _____", Ledge _____", Roots _____", Perc Rate _____ minutes/inch
- ____ Percolation Rate < 30 min. per inch; __ Site has 4 feet of natural soil depth and >18 inches soil depth above ESHWT
- ____ Slope < 25% __ Depth to ledge ≥4 feet __ ≥10 feet to property lines and street ROW's
- ____ 75 foot well radius shown on plans with Perc. Rate ≥ 5 min. per inch (50 feet to septic tank if sealed) or note indicating no wells within 75'
- ____ 100 foot well radius shown on plans with Perc. Rate < 5 min. per inch (50 feet to septic tank if sealed) or note indicating no wells within 100'
- ____ Blue shaded area on Aquifer Map shown or note indicating lot is within or outside of this area __ In __ Out Note must appear on plans
- ____ In Blue shaded area: __ ≤1000 gal./ ac. loading __ ≥100 feet from wetland or surface water. Note must appear on plans
- ____ Septic Tk. size: _____, __ PC: _____ Garb. Disp: __ yes, __ no; ST filt: __ yes, __ no, MH w/filter: __ yes, __ no
- ____ Gallons per Day _____ Number of Bedrooms _____
- ____ EDA is 5' over ESHWT if Perc. Rate is < 5 min / inch; ≥5 min/in. to be 4' over ESHWT, (3' for replace-in-kind)
- ____ Septic Sizing: Designed for a minimum Perc. Rate of 12 minutes per inch. - Per Amherst Regulation.
- ____ Enviro-Septics sizing: Lin. Ft. Req: _____, Plan: _____ Inverts checked okay: __ yes, __ no.
- ____ Leaching areas: 75 feet from wetlands (req. Pl. Bd. Approval if located within Public Water Protection Wetland buffer)
- ____ Leaching areas are to be 100 feet from streams and surface water. Note must appear on plans
- ____ Foundation w /drains: 5 feet to septic tank and 15 feet to leaching area __ Found. Dr. outfall , If none, state so _____
- ____ Foundation w/o drains: 5 feet to septic tank and 10 feet to leaching area
- ____ Slab: 5 feet to septic tank and leaching area
- ____ In-ground pool 10 feet to leaching area or 35 feet if pool is down gradient from leaching area
- ____ Wells of adjacent properties within 100 feet of leaching area shown or note indicating none must appear on plans
- ____ NHDES Regs. followed or waivers incl., Design Intent OK: __ yes, __ no., _____ Driveway Permit: __ Apprv, __ NA

Contractors (Electrical, Septic; Include copy of License and business card for each):

ELEC: Name: _____ License: _____ Expires: _____
Email: _____ Address: _____ Tel: _____
SEPTIC DESIGNER: Name: _____ License: _____ Expires: _____
Email: _____ Address: _____ Tel: _____
SEPTIC INSTALLER: Name: _____ License: _____ Expires: _____
Email: _____ Address: _____ Tel: _____

NOTE: Construction activities shall not commence until the Septic Permit is issued.

I realize that when all Town approvals have been granted (within seven [7] days after receipt of completed application), the application shall be given either to the State or the Septic Designee to allow for State approval. Once the State approval is granted, a copy of the Town Septic Permit will be issued to both the homeowner and the installer.

I realize that a bed bottom inspection is required prior to field installation, and a final inspection is required prior to backfill.

In the case of new septic systems for new dwellings, I further acknowledge a Certificate of Occupancy will not be issued without a final inspection from the Town of Amherst and the State of New Hampshire in accordance with the Water Pollution Control Regulations.

Signature of Owner(s): _____ **Date:** _____

(Note: If not signed by owner(s) a letter of authorization to proceed from owner is required.) v.3.2.15