

55 Constitution Drive  
 Bedford, NH 03110  
 472-3838

TOWN OF BEDFORD  
 HEALTH DEPARTMENT

APPLICATION FOR  
 NEW/REPAIR  
 SEPTIC PERMIT

EMAIL: \_\_\_\_\_

PROPERTY INFORMATION

Number	Street Name		Lot Number	Zoning
Owners name		Use Group	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial

INSTALLER INFORMATION

Name (name on installers license)			Telephone No.	
Number	Street Name	City	State	Zip
State License #		Expiration date	/	/

DESCRIPTION OF WORK

Estimated Start ____/____/____			Estimated Finish ____/____/____		Estimated Value \$ _____	
--------------------------------	--	--	---------------------------------	--	--------------------------	--

REPAIR/REPLACEMENT CHECKLIST

Distance of EDA TO:	# OF FEET		# of or Y/N	DESIGN TYPE	
Surface water		Bedrooms		IN-GROUND	<input type="checkbox"/>
Full Cellar		Kitchens		MOUND	<input type="checkbox"/>
Well		Garbage disposal		LEDGE LOT	<input type="checkbox"/>
In-ground pool		Ejector pump		CHAMBERS	<input type="checkbox"/>
Interceptor drain/swale		Water treatment system		PRES. DISTRIBUTION	<input type="checkbox"/>
		Stamped test pit		DRY WELL	<input type="checkbox"/>
EXISTING DES Approved		Site sketch		TRENCHES	<input type="checkbox"/>
		DES approval No.		ALTERNATIVE	<input type="checkbox"/>
Home occupation/business <input type="checkbox"/>		Date Original system installed ____/____/____			

System repairs require the submission of the documentation (attached to this form) as outlined in Env-Wq 1003.10 (i) & (j) at the time of the final inspection. Local requirements for septic in-kind amendments are on the back of this form.

This is to certify the owner of record authorizes the proposed work and that I have been authorized by said owner to make this application as their agent we agree to conform to all applicable local and state laws/regulations as they pertain to work described herein.

Signed \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY

Application Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Application Complete \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit To:

SEPTIC Permit:  Granted  Denied

Permit Fee: Building Department \$ \_\_\_\_\_ Total Fee \$ \_\_\_\_\_

Septic Permit No. \_\_\_\_\_ Septic Permit Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Building Code Official

### **§3-3-6 LOCAL DESIGN, CONSTRUCTION AND CAPACITY REQUIREMENTS FOR SEWAGE DISPOSAL SYSTEMS**

#### (a) Filter Fabric

An effective barrier of a minimum of 5-oz./square yard of non-woven, polyester filter fabric shall be placed over the top of the system to prevent infiltration of the backfill. The use of building paper or hay in lieu of the filter fabric is not acceptable.

#### (b) In-kind Replacements

Where no previous state approval for construction and operation exists for those septic systems being replaced under the subsurface rules for in-kind replacement shall have the septic tank sized to meet current septic tank sizing requirements. This shall also include those systems where a garbage disposal has been installed in the dwelling contrary to an existing septic design.

Where existing systems have been constructed to separate “gray” water and septic waste to separate disposal “systems” these two waste systems must be combined into a single disposal system at the time of the in-kind replacement.

#### (c) Septic System Tank Replacement

- (i) The tank of an existing septic system may be replaced, when necessary, when done in compliance with Bedford Chapter 1 -3 Sewage Disposal Systems and Wells and NH DES Subdivision & Individual Sewage Disposal Systems administrative rules.
- (ii) The property owner or a licensed NH installer and/or designer shall submit a sketch of the property, including the house, septic system tank replacement site and known property lines prior to the issuing of a local permit.

#### (d) Percolation Tests and Test Pits -

- (i) An agent of the Town of Bedford must witness Test Pits for septic in-kind replacement.
- (ii) A minimum notice of forty-eight (48) hours shall be given prior to the request for inspection.

#### (e) Failed Septic Systems

A portable toilet shall not be used as a replacement for a failed septic system.

#### (i) Expedited Approvals

Where an expedited approval for construction has been issued by the NH DES Subsurface Bureau the new system shall be replaced and receive approval for operation within ninety- (90)-days of said state approval for construction. Where it has been stated the existing individual septic system is in failure the property owner shall pump the septic tank on a regular basis to prevent untreated contaminants from being discharge to the surface. Failure to correct the failed system, including pumping of the tank, within the above time frame shall result in the Health Department ordering the property vacated based upon RSA 147:8 and 147:16a until; such time as the new system has received an approval for operation from the DES.