APPENDIX 1. SEPTIC SYSTEM EVALUATION AND CERTIFICATION FORM

The following form shall be used for the purpose of meeting the requirements of Section 5 of the ordinance. This form shall be completed in its entirety by a NHDES permitted Septic System Designer. This form shall be signed by both the Septic Designer and the property owner.

PART 1. PROPERTY INFORMATION

| A. | Tax Map, Lot |
|----|---|
| В. | Street Address |
| C. | Owners Name |
| D. | Owners Mailing Address |
| E. | How long has the property been owned by the current owner? |
| F. | Approx. year home was built |
| G. | Year round or seasonal use? (Circle one) |
| Н. | Used as rental property? (yes/no) If so, how many weeks per year? |
| 1. | Total number of bedrooms |
| J. | Total number of bathrooms |
| K. | Laundry on site? (yes/no) |
| L. | Dishwasher on site? (yes/no) |
| M. | Garbage disposal? (yes/no) |
| N. | Source of water supply: Dug well, Drilled well, Shared/Community well, Lake, Bottled (circle one) |
| Ο. | Gray water system on site? (yes/no) |
| Ρ. | Outdoor shower on site? (yes/no) |

PART 2. SYSTEM EVALUATION

| Α. | Evaluators' name | | | |
|----|---|--|--|--|
| В. | Evaluator's Address | | | |
| C. | Evaluator's Telephone No | | | |
| D. | Evaluator's NHDES Septic Designer Permit No | | | |
| E. | Date of the on-site evaluation | | | |
| F. | Type(s) of Effluent Disposal Systems (EDS): Leach bed, trenches, drywell, cesspool, other (circle all that apply) | | | |
| G. | Age of Effluent Disposal Systems | | | |
| Н. | Is gray water (i.e., residential wastewater other than from a urinal or toilet) disposed on-site? (yes/no) | | | |
| ١. | Age of tank: | | | |
| J. | Capacity of tank: | | | |
| K. | Type of tank: | | | |
| L. | . Is the tank accessible? (yes/no) | | | |
| М. | 1. When was the tank last pumped? | | | |
| ۷. | Conduct a visual inspection of the tank. Based on the visual inspection: | | | |
| | Does the combined thickness of the sludge and surface scum equal 1/3 or more of the tank depth? | | | |
| | 2. Does tank need to be pumped? | | | |
| | 3. Are there any cracks, leaks or other defects? Yes-No? If yes, please describe: | | | |
| | 4 Is there any seepage visible? Yes-No? If yes, please describe: | | | |

- 6. Is there evidence of soil erosion on or near the EDS? Yes-No? If Yes, Please describe:
- 7. Is there any seepage visible? Yes-No? If Yes, Please describe:
- 8. Are any muddy areas visible? Yes-No? If Yes, Please describe:
- 9. Is there any lush vegetation? Yes-No? If Yes, Please describe:
- 10. Are there any other signs of EDS stress or failure? Yes-No? If Yes, Please describe:
- 11. Is there any evidence or reported history of the system backing up into the home?

PART 3. PLOT PLAN

A Plot Plan shall accompany this evaluation. The Plot Plan does not need to be prepared by a surveyor; however, the plot plan shall be drawn to scale, and all required dimensions need to be field verified and labeled accurately. The Plot Plan shall be a minimum 8 $\frac{1}{2}$ inch by 11 inch in size and shall include the following minimum Information:

- 1. Owner's name and address
- 2. Town of New Durham Tax Map No. Lot No. Information
- 3. Date of Plot Plan
- 4. Scale
- S. Preparers name and his/her NHDES Designer's Permit No.
- 6. location of all buildings
- 7. location of well/water supply
- 8. Location of surface waters (including lakes, ponds, perennial and seasonal streams)
- 9. Location of wetlands
- 10. Location of septic system features (tank, pumps, effluent disposal system)
- 11. Location of any gray water disposal facilities
- 12. Indicate distances from buildings to surface water and wetlands.
- 13. Indicate distances from EDS to surface waters and wetlands.
- 14. Indicate distance form EDS to water supply.

15.Location of all test pits relied upon in determining the seasonal high-water table in relation to the bottom of the effluent disposal system (Include the test pit log with SHWT indicated either on the plot plan or as a separate attachment.

PART 4. EVALUATOR'S COMMENTS AND RECOMMENDATIONS

| PART 5. CERTIFICATIONS | | | |
|--|--|-------------------------------------|-------------|
| on-site evaluation of the premises information contained in this Evaluation of my knowledge and professional jureferenced property Is: | s indicated in Part ion is accurate to the | e best of my knowledge, (2) to the | the best |
| NOT IN FAILURE | D1N | FAILURE | · |
| as defined in RSA 485-A: 2 IV as of have provided a copy of this report to | | | 3) I |
| | Date: | | |
| Evaluator's Signature | | | |
| Print name | | | |
| being the propert certify that I have received a copy of | | erty Identified in Part 1 do hereby | |
| | | | |
| | Date: | · · | |
| Owners Signature | | | |
| Print name. | | | |