



**Town of Pelham
Planning Department
6 Main Street
Pelham, NH 03076
(603) 635-7811**

Septic System Repair/Replacement Application

Application Date: _____

Location of Property: _____ **Sheet** _____ **Map** _____ **Lot** _____

Requesting Permit For: (Please Check One)

Septic System Repair: Septic System Replacement In-Kind:

Septic Replacement: Septic System Replacement (new):

Property Is: (Please Check One) Residential Commercial

WSPCC Number: _____

Property Owner's Name: _____ **Phone No.:** _____

Property Owner's Address: _____

Installer's Name: _____ **License #** _____ **Phone No.:** _____

Installer's Address: _____

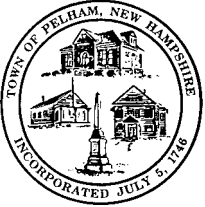
Notes: _____

Applicant's Signature

Date

Health Agent's Signature

Date



**SUBSURFACE SYSTEM BUREAU
Repair/Replacement Questionnaire**

Date: _____

1. System Location:

City / Town _____ Street _____

Owner _____

2. Water Supply

Individual

Community

Municipal

3.

4. Number of Occupants:

1 2 3 4 5 6 7 8 9 10

5. Number of Bedrooms:

1 2 3 4

6. Household Items:

Garbage Grinder.....

Washing Machine.....

Dishwasher.....

Jacuzzi.....

Chlorinator.....

Water Softener.....

7. Sewage Disposal System:

State Approved System: Yes _____ No _____

Construction Approval Number: _____

Age of System: _____

Kind of System:

Inground..... Raised.....

Leachfield Drywell.....

Chambers Trenches.....

Pressure Distribution

Average time between pumping of septic tank:

_____ Years _____ Never

Remarks:

Installer's Signature & Date: _____