

Septic System Improvement Initiative Cost-Share Program

SEPTIC SYSTEM EVALUATION AND CERTIFICATION FORM

This form shall be completed in its entirety by a New Hampshire certified or licensed septic system evaluator. This form shall be signed by both the septic system evaluator and the property owner.

PART 1. PROPERTY INFORMATION

A. Tax Map Number _____ Lot Number _____

B. Street address _____

C. Owner's name _____

D. Owner's mailing address _____

E. Number of years the property has been owned by the current owner _____

F. Approximate year the home was built _____

G. Year round or seasonal use (check one)

H. Total number of bedrooms _____

I. Total number of bathrooms _____

J. Laundry facilities on site? YES NO

K. Dishwasher on site? YES NO

L. Garbage disposal? YES NO

M. Source of water supply? dug well drilled well lake
 shared/community well bottled water

N. Greywater (i.e. laundry, dish, and bathwater) system on site? YES NO

*Illegal unless designed/sized in full accordance with rules or installed prior to 1967

O. Outdoor Shower on site? YES NO

*Must be plumbed to an Individual Sewage Disposal System (ISDS)

PART 2. SYSTEM EVALUATION

A. Evaluator _____

B. Evaluator address _____

C. Evaluator Telephone _____

D. Certification and/or license information _____

E. Date of the on-site evaluation _____

F. Type (s) of Effluent Disposal Systems (EDS) on site (check all that apply):

Leach bed trenches drywell cesspool other

G. Age of Effluent Disposal Systems _____

H. Is greywater (i.e. residential wastewater other than from a urinal or toilet) disposed on-site? YES NO

I. Age of tank (*IF KNOWN*): _____

J. Capacity of tank: _____

K. Type of tank: _____

L. Are the tank and clean-outs accessible? YES NO

M. When was the tank last pumped? _____

N. Recent repairs or upgrades to the tank? YES NO If so, what and when?

O. Conduct a visual inspection of the tank. Based on the visual inspection:

1. Does the combined thickness of the sludge and surface scum equal 1/3 or more of the tank depth? YES NO

2. Are inlet and outlet baffles structurally sound? YES NO

3. Inlet and outlet baffle material? PVC Concrete
4. Does tank need to be pumped? YES NO
5. Are there any cracks, leaks, or other defects?
*If yes, please describe: YES * NO
6. Is there any seepage visible?
*If yes, please describe: YES * NO
7. Are any muddy areas visible?
*If yes, please describe: YES * NO
8. Is there any lush vegetation?
*If yes, please describe: YES * NO

P. ****OPTIONAL**** Is the bottom of the EDS located above the seasonal high groundwater table? YES NO

Q. Conduct a complete walk over of the EDS and any greywater disposal facilities. Based on the walk over:

1. Were any unpleasant odors observed? YES* NO

*If yes, please describe:

2. Is there any evidence that EDS area has been traveled or parked upon or physically disturbed? YES* NO

*If yes, please describe:

3. Is the disposal area free of encroachments such as decks, trees, driveways, accessory buildings and landscaping that may disrupt the system?

YES NO*

*If no, please describe:

4. Does the grading near and around the disposal area promote runoff of rainwater away from the system and prevent pooling? YES NO*

*If no, please describe:

5. Is drainage from roofs, footing drains and ditches and swales diverted away from the system? YES NO*

*If no, please describe:

6. Is there evidence of soil erosion (gullies, scour, missing vegetation, sediment plumes/deltas) 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 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?

YES*

NO

*If yes, please describe:

12. ****OPTIONAL**** Does there appear to be acceptable/approvable, alternative locations for an EDS on the property?

YES

NO

PART 3. EVALUATOR'S COMMENTS AND RECOMMENDATIONS

PART 4. CERTIFICATIONS

I _____, a New Hampshire certified or licensed septic system evaluator in good standing, have conducted an on-site evaluation of the premises indicated in Part 1. I do hereby certify: (1) that the information contained in this Evaluation is accurate to the best of my knowledge, and (2) to the best of my knowledge and professional judgment, the effluent disposal system supporting the above referenced property is:

NOT IN FAILURE

IN FAILURE

as defined in RSA 485-A: 2 IV as of the date of the on-site evaluation noted above, and (3) I have provided a copy of this report to the property owner identified in Part 1.

Evaluator's Signature

Date

Printed Name_____

I _____, being the owner of the property identified in Part 1, do hereby certify that I have received a copy of this evaluation.

Owners Signature

Date

Printed Name_____