Print Form Reset Form

THE TOWN OF SULLIVAN, NH

Office of the Sullivan Board of Selectmen
452 Centre Street, P O Box 110 Sullivan, NH 03445
Phone: 603-847-3316 Fax: 603-847-9154 email: townofsullivan@myfairpoint.net

SEPTIC SYSTEM APPLICATION AND PRE-APPROVAL FORM

Date: ____/____/_____

1. **Site and Location of System**: _____-_____-_____; (Map - Lot - Sublot) **Lot Size Acres**: _____
   _____ (Street Address)
2. **Owner**:_____ **EMail**:_____

   Mailing Address _____ (Street Address) _____ (Town/ State/ Zip)

3. **Designer**: _____ (System Designer Name) _____ (NH Permit No.) YES☐ NO☐ (Drawing)

   A Septic Design (construction) drawing must be submitted with this application.
   Changes to Design require submittal of Revised Drawing and additional Pre-Approval.

4. **System Information**:
   New☐ Replacement☐

5. **Town of Sullivan requirements**:

From the Community Planning Ordinance	Y/N	ACTUAL
• Distance from Highway Right of Way (property line): 50 Ft Minimum	_____	_____
• Distance from property lines with adjacent properties: 20 Ft Minimum	_____	_____
Minimum Distance from normal high water level of the watercourse:		
• Above 15 feet of the Ashuelot River, or an adjacent watercourse*	_____	_____
• Above 10 feet of Otter Brook from Centre Street to the Roxbury Town Line	_____	_____
• Above 7 feet of Otter Brook from Centre Street to the Nelson Town Line	_____	_____
• Above 5 feet of all other perennial streams	_____	_____
• Above 5 feet of Bolster or Chapman Ponds*	_____	_____
From the Floodplain Development Ordinance: Is the site located within a floodplain?	_____	_____
• If YES, has system been designed to minimize flood damage?	_____	_____
From the Wetland Conservation District Ordinance:		
• Is septic tank and leach field a minimum of 75 feet from wetlands?	_____	_____

   * Also subject to the Comprehensive Shoreland Protection Act.

6. Does septic design appear to be in reasonable conformance with the State of NH, DES, Administrative Rules (Env-Ws 1000)? : Yes☐ No☐
   Notes about the design:

7. (circle): Approved/Denied: Date _____/_____/_____ by Board of Sullivan Selectmen
   Comments / Rationale:
   _____
   _____
   _____

8. Drawing Rev. Letter & Date _____/_____/_____/_____ Attach Drawing: Yes☐ No☐