



B100a Application – Request for Review

Street Number: _____ Street Name: _____ Town: _____

Owner: _____ Date: _____

Owner Email address: _____

Contractor Name: _____ Cell#: _____

Contractor Email address: _____

1. Provide a description of your request: (structure size, design, purpose or use)

2. Answer the following questions:

1.WATER SYSTEM: Property served by: ___ Private Well ___ Public Water {Water Company Name}: _____

2.SEPTIC SYSTEM: Property served by: _____ Septic System ___ Public Sewers. Are sewers available? **Yes / No / Unsure**

For a Residential Property

- 1. Number of Bedrooms: _____ After Addition: _____
- 2. Is this increasing habitable space: **Yes / No**
- 3. For shed, deck or barn. Are there frost walls? **Yes / No**
- 4. Will there be footing drains? **Yes / No**

For a Commercial/other Property:

- 1. Septic Design: ___ employees ___ Sq. Ft. ___ other
- 2. Square Ft. after addition: _____
- 3. Will there be footing drains? **Yes / No**

This application must be submitted with a plot plan drawing (see back of page).

3. Attach a plot plan that includes:

- ____ Shows the existing structures/building **and** the proposed addition/deck/pool/barn **with** setback distances
- ____ Shows the existing septic and water with setback distances
- ____ Demonstrates how and where a *code-complying septic system* will be placed
- ____ Number of Bedrooms (residential) or _____ Design flow factor
- ____ Provide Interior Floor plan for both before and after addition

Chesprocott Health District assumes no responsibility for the present or future operation of the septic system or for any damage to the septic system caused by the new construction or any necessary testing.

I certify that I am the owner or the owner’s contractual representative and that the information above is accurate to the best of my knowledge.

Signature _____ Date _____



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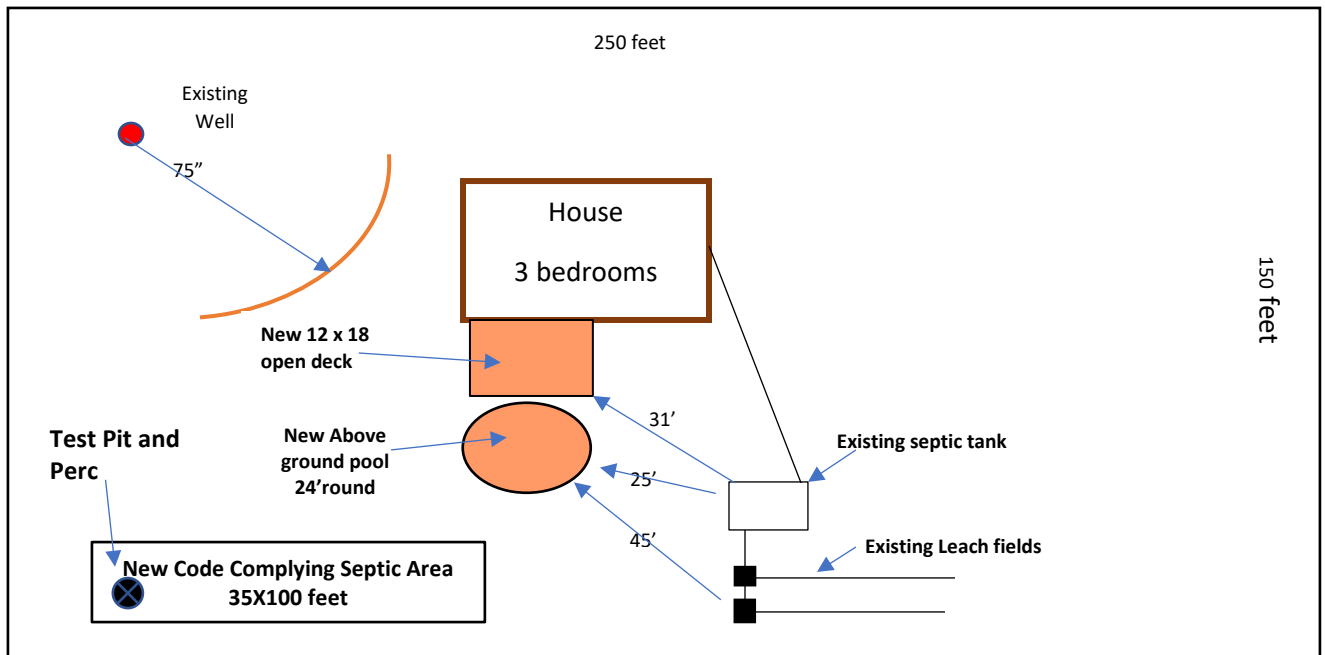
Sample proposal and information

Required separating distances:

From any part of existing
Or replacement septic system

From Well

• Building without footing drains – septic tank	10 feet	n/a
• Building without footing drains – leach fields	15 feet	n/a
• Building with full foundation & Footing drain	25 feet	25 feet
• Above ground pool	10 feet	n/a
• In-ground pool	25 feet	25 feet
• Accessory structure with foundation (no ftg drains)	10 feet	n/a
• Accessory Structure without foundation (note-structure without full frost protected footings)	5 feet	n/a



Staff Review Only

Category per PHC 19-13B100a

- 1. Building Conversion / Change in Use: (winterizing, + heat, Protect water line, change occupancy, change flows)
- 2. Building Addition
- 3. Garage (attached or detached) / accessory structure (open deck, shed, barn) / pools (above or below)
- 4. Lot line change

Has soil testing been completed? Yes / No

Does the structure meet setbacks? Yes / No

Has the owner demonstrated a code-complying septic system? Yes /No

Comments _____

_____**APPROVED** OR _____**DENIED by (Sanitarian)**_____ **Date**_____