

APPROVAL FOR OPERATION

N.H. DEPARTMENT OF ENVIRONMENTAL SERVICES
SUBSURFACE SYSTEMS BUREAU
P.O. BOX 95, 6 HAZEN DRIVE, CONCORD, NH 03302-0095 APPROVAL NO. CA1999015664

AMENDED DUE TO:

OWNER:

MT WASHINGTON OBSERV CHAR REMAINDER
PO BOX 2310
BARTLETT NH 03845-

Map No./Lot No.: 1 RT 016 / L10
Subd. Appvl. No.: 5+ ACRES
Subd. Name:
County: CARROLL
Registry Book No.: 1726
Registry Page No.: 113
Probate Docket No.:
(If Applicable)

COPY SENT TO:

TOWN OF BARTLETT
RFD 1 BOX 49
BARTLETT NH 03845

Type of System: 0
0 BR
300 GPD
Town/City Location: BARTLETT
Street Location: NH ROUTE 16 US ROUTE 302

Installer Lloyd Drew Permit No. 420

Owner Installed For His/Her Domicile

Was Inspected On (Date) 19 Nov, 21 Dec 1999

Before Covering And is Hereby Approved For Use

Date Approved: 11 21 Dec 1999

By: [Signature]
Authorized Agent Of N.H. Department of
Environmental Services

(OVER)

Subsurface waste disposal systems must be operated and maintained in a manner so as to prevent nuisance or health hazard due to system failure. (RSA 485-A:37)

It is unlawful to discharge any hazardous chemicals or substances into subsurface waste disposal systems. Included are paints, thinners, gasoline and chlorinated hydrocarbon solvents such as TCE, sometimes used to clean failed septic systems and auto parts. (Env-Ws 410.05)

REVISED 6/97

199901355

NHDES, SSB FILE

APPROVAL FOR OPERATION

N.H. DEPARTMENT OF ENVIRONMENTAL SERVICES
SUBSURFACE SYSTEMS BUREAU
P.O. BOX 95, 6 HAZEN DRIVE, CONCORD, NH 03302-0095
GOLD = Owner's
BLUE = NHDES, SSB file

AMENDED DUE TO

N.H. DEPARTMENT OF ENVIRONMENTAL SERVICES
SUBSURFACE SYSTEMS BUREAU
P.O. BOX 95, 6 HAZEN DRIVE, CONCORD, NH 03302-0095

OWNER:

Subd. Name:
Subd. No.:

Subd. Name:
Subd. No.:

County:

County:

THIS APPROVAL DOES NOT SUPERSEDE ANY EQUIVALENT OR MORE STRINGENT LOCAL ORDINANCES OR REGULATIONS, STATE STANDARDS ARE MINIMAL AND MUST BE MET STATEWIDE.

COPY SENT TO

IN THE EVENT OF SYSTEM FAILURE, IT SHALL BE THE RESPONSIBILITY OF THE OWNER TO CORRECT ANY SUCH FAILURE.

Street Location:

Street Location:

ANY SUCH FAILURE.

Permit No.:

NO LIABILITY IS INCURRED BY THE STATE by reason of any approval of subdivision plans or any approval to construct or use a sewage or waste disposal system. Approval by the Department of Environmental Services of sewage and waste disposal systems and subdivisions is based on plans and specifications supplied by the applicant.

Subsurface waste disposal systems must be operated and maintained in a manner so as to prevent nuisance. If a violation of the Subsurface Waste Disposal System Act or Subsurface Waste Disposal System Regulations is observed, the Department of Environmental Services may issue a notice of violation and require the owner to correct the violation. The Department of Environmental Services may also require the owner to install a secondary treatment system or other treatment system as a condition of approval. The Department of Environmental Services may also require the owner to install a secondary treatment system or other treatment system as a condition of approval.

NO GUARANTEE IS INTENDED OR IMPLIED BY REASON OF

ANY ADVICE GIVEN BY THE DEPARTMENT OR ITS STAFF.

(OVER)

REVISED 6/87

APPROVAL FOR CONSTRUCTION

CA1999013664

N.H. DEPARTMENT OF ENVIRONMENTAL SERVICES
SUBSURFACE SYSTEMS BUREAU
P.O. BOX 95, 6 HAZEN DRIVE, CONCORD, NH 03302-0095

APPROVAL NO. CA1999013664

THE PLANS AND SPECIFICATIONS FOR SEWAGE OR WASTE DISPOSAL SYSTEM SUBMITTED FOR:

OWNER:

MT WASHINGTON OBSERV CHAR REMAINDER
PO BOX 2310
BARTLETT NH 03845

Map No./Lot No.: 1 RT 016 / L10
Subd. Appvl. No.: 3+ ACRES
Subd. Name:
County: CARROLL
Registry Book No.: 1726
Registry Page No.: 113
Probate Docket No.:
(If Applicable)

COPY SENT TO:

TOWN OF BARTLETT
RFD 1 BOX 49
BARTLETT NH 03845

Type of System: 0 BR
300 GPD
Town/City Location: BARTLETT

BY APPLICANT: PERMIT NO.

00839

STEVEN J SMITH & ASSOCIATES INC
6 LILY POND RD
GILFORD NH 03246

Street Location: NH ROUTE 16 US ROUTE 302

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(RSA 485-A:37)

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**ADVISE YOUR CONTRACTOR OF REQUIRED CHANGES
IN PLANS AS INDICATED BELOW CONDITIONS**

APPROVED 1-4 PART-TIME OBSERVERS OR MAINTENANCE PERSONAL WITHOUT A CAFETERIA OR SHOWER -
TOTAL FLOW 300 GPD. PUMP CHAMBER MUST BE VENTED. PUMP SYSTEM - DO NOT USE FLOW EQUALIZER OR
OTHER RESTRICTING DEVICES IN THE OUTLET LINES OF THE D-BOX.

Approved this date: 03/11/1999

Date amended:

By: *Stan Bombr*
STANISLAW BOMBA
N.H. Department of Environmental Services Staff

Amended by: _____ (OVER)

REVISED 6/97

NHDES, SSB FILE

199901355

NEW HAMPSHIRE DEPARTMENT OF ENVIRONMENTAL SERVICES
SUBSURFACE SYSTEMS BUREAU

011-10000

N.H. DEPARTMENT OF ENVIRONMENTAL SERVICES
SUBSURFACE SYSTEMS BUREAU
P.O. BOX 95, 6 HAZEN DRIVE, CONCORD, NH 03302-0095

RECEIVED

DATE

THIS APPROVAL DOES NOT SUPERSEDE ANY EQUIVALENT OR MORE STRINGENT LOCAL ORDINANCES OR REGULATIONS. STATE STANDARDS ARE MINIMAL AND MUST BE MET STATEWIDE.

IN THE EVENT OF SYSTEM FAILURE, IT SHALL BE THE RESPONSIBILITY OF THE OWNER TO CORRECT ANY SUCH FAILURE.

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PLEASE POST IN A CONSPICUOUS PLACE DURING CONSTRUCTION

The system must be constructed in strict accordance with the approved plans and specifications.

The installed system is not to be uncovered and cannot be used for any other purpose until it is inspected and approved by an authorized agent of the Department. The owner must make certain the system is built in accordance with the approved plans and specifications.

CONTACT THIS OFFICE OR THE REGIONAL OFFICE, OR OUR AUTHORIZED LOCAL AGENT, WHEN READY FOR INSPECTION.

This system must be installed by an installer holding a valid permit, except an owner may install the system for his/her primary domicile.

Env-Ws 1004-3 EXCEPT AS PROVIDED BY 1003.13 ALL CONSTRUCTION APPROVALS ISSUED BY THE DEPARTMENT SHALL EXPIRE 90 DAYS FROM THE DATE OF ISSUE UNLESS AN OPERATIONAL APPROVAL HAS BEEN GRANTED OR IS GRANTED FOR SUBJECT CONSTRUCTION.

Env-Ws 1003.13 Replacement of Failed Systems. An application submitted for the purpose of correcting a failed system shall be accompanied by a written statement from the Town Health Officer confirming that the existing system is in fact in failure. Construction approvals granted for replacement of a failed system shall be valid for a period of 90 days. Failure to complete construction within the 90 day approval period shall result in the invalidation of the approval.

() Data Input

() Expedite

Construction Approval No. CA 1999 015664

CONSTRUCTION APPROVAL CHECKLIST

Work No. 199901355

TOWN: BARILETT

SUBDIVISION NAME: _____

SUBDIVISION APPROVAL NO: 5+AC

Owner: MT. WASHINGTON OBSERVATORY

LOT NUMBER/UNIT NUMBER: 210

SIZE: _____ (BR) FLOW: 300 (GPD)

DESCRIPTION/TYPE OF SYSTEM: _____

- TYPE
- 1. Single Family Residence (4-bedroom max.)
 - 2. Apartment
 - 3. Condominium
 - 4. Manufactured Housing Park
 - 5. Camping/Tenting
 - 6. Commercial
 - 7. Industrial
 - 8. Public Food Handling
 - 9. Duplex
 - 10. Other

- DESIGN
- n. In-ground
 - o. Above-ground/Mounded
 - p. Ledge Lot
 - q. Chambers
 - r. Pressure Distribution
 - s. Dry Well
 - t. Trenches
 - u. Modified Dry Well
 - v. Holding Tank
 - z. Other

Waiver Granted (yes/no): _____

Previous Construction Approval # _____

- Status: 1. New 4. Revised
 2. Replacement 5. Other
 3. Amended

RETURN DATE:

RETURN REASON:

BY: _____

RESUBMITTAL DATE:

APPLICATION DATE: 3/09/99

SITE INSPECTION DATE: _____

PROJECT COORDINATOR: _____

APPROVALS REQUIRED: D&F _____ 485-A:17 _____ WS _____ (UIC)GWP _____ Other _____

SOILS GROUP: 3 TYPE: Cu C LOT SIZE: 139 AC

PERC. RATE: 2 MPI AMEND: _____ APPROVAL DATE: 3/11/99

CONDITIONS: Approved 1-4 part-time observers or maintenance personnel without a cafeteria or shower total flow 300 GPD. Pump chamber must be vented. Pump system - do not use flow APPROVED BY: Stan Banta

(LIMIT-2 CONDITIONS - 62 CHARACTERS EACH)
equalizer or other restricting (OVER) devices in the outlet lines of the D-Box

DESIGN INTENT

() OK ON PLAN

NOTE: () Gravity System () Other *pump chamber*
Bed bottom to be set: _____ to maintain:

- () no deeper than _____" below the original ground. (*4*)'min. above the reported/any S.H.W.T.
- (*✓*) no less than *2.5*" above the original ground. (*4*)'min. above the reported/any ledge depth.
- () no lower than the original ground at high contour. (*4*)'min. above the reported/any impermeable soil.
- (*✓*) Fill spec. OK.

- ✓* _____ 1. DESIGNER'S SEAL
- ✓* _____ 2. TOWN APPROVAL (stamp and/or signature required)
- ✓* _____ 3. P.E. STAMP (systems greater than 2500 GPD, 600 GPD on ledge lots - same person as designer).
- ✓* _____ 4. TWO (preferably 3) COPIES
- ✓* _____ 5. SCALE 1" = 20' Plan
- ✓* _____ 6. SIZE - fold to 8 1/2 X 11", location plan and title showing.
- ✓* _____ 7. LOT PLAN - with dimensions and area shown.
- ✓* _____ 8. BUILDINGS - existing and proposed shown.
- ✓* _____ 9. WELL - location & radius (keep radius within lot lines if possible).
- ✓* _____ 10. WATER PIPES - proposed & existing from well or main.
- ✓* _____ 11. DISPOSAL SYSTEM SCALE PLAN - all proposed components & piping.
- ✓* _____ 12. SEPTIC TANK - location, size, volume, material.
- ✓* _____ 13. SECTION THRU SYSTEM - show original grade profile.
- ✓* _____ 14. KEY ELEVATIONS & INVERTS
- ✓* _____ 15. PIPE SLOPES & SIZE - recommend Sch 40 or Cast Iron thru foundation to tank.
- ✓* _____ 16. MANUFACTURE, SPECIFICATIONS & MATERIALS - all key components; include tanks, D-Box, pumps & piping.
- ✓* _____ 17. TOPO - 2 foot contours, 75' all direction from proposed system, including detail beyond property line.
- ✓* _____ 18. LEACHING PIPE - statement pipes are to be level.
- ✓* _____ 19. SEPTIC STONE - indicate specifications.
- ✓* _____ 20. CHAMBER DETAILS - vents, wire mesh, flow distribution (40% non-commercial dwellings only).
- ✓* _____ 21. PRESSURE DISTRIBUTION - calculations, basal area delineation and construction requirements.
- ✓* _____ 22. LOCATION PLAN - with detailed directions to site, include mileages from intersections, poles (show number) and landmarks.
- ✓* _____ 23. MINIMUM 3" LOAM SLOPE - shown for raised systems.
- ✓* _____ 24. SEALANTS - specify for pipe penetrations & tank joints (not roof tar).
- ✓* _____ 25. SURFACE WATER - nearest location, include seasonal wet areas & channels - state if none within 75'.
- ✓* _____ 26. LEDGE - outcrops or boulders greater than six foot diameter, within 75 feet of system.
- ✓* _____ 27. FOUNDATION DRAINS & OUTLET LOCATION - if none, so state.
- ✓* _____ 28. BENCH MARK - permanent, close to & within sight of system
- ✓* _____ 29. TIES TO FIELD - at least two to permanent or semi-permanent control points.
- ✓* _____ 30. USE - indicate if residential or commercial and type of facility, within flow calculations, i.e. condo, apartment, restaurant, office, etc.
- ✓* _____ 31. FLOW CALCULATIONS (or bedroom count for residential).
- ✓* _____ 32. TEST PIT - location & depth to ledge, impervious & S.H.W.T. mark with stakes and numbers in field.
- ✓* _____ 33. SOILS LOG - descriptions of types & properties including color, texture, structure, consistency and depth to mottling.
- ✓* _____ 34. SOILS CLASSIFICATION - SCS survey data & copy of mapping with locus. Clearly show number or abbreviation.
- ✓* _____ 35. PERCOLATION TEST - location, depth & rate.
- ✓* _____ 36. PUMP SYSTEM - specs., detail, dose volume, pump size, wiring spec, valves & piping, controls & control elevations, alarm, capacity and heads of pumps.
- ✓* _____ 37. REPLACEMENT SYSTEM - location or narrative to indicate failure or reason for new design.
- ✓* _____ 38. HOLDING TANKS - waiver form, 2000 gallons minimum, alarm, water tight.
- ✓* _____ 39. RECEIVING AREA/LAYER - adequate (75 feet); HYDRIC BOUNDARIES
- ✓* _____ 40. MINIMUM - system 300 GPD system design size (300 GPD commercial).

ATTACH ADDITIONAL CONDITIONS, ETC. TO BE TYPED ON APPROVAL ("REMARKS" ON BOTTOM OF REVERSE SIDE - TYPED BY W. PROC. AS CONDITIONS ON APPROVAL)



State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES

Subsurface Systems Bureau
6 Hazen Drive, P.O. Box 95, Concord, NH 03302-0095
603-271-3501 FAX 603-271-6683
TDD Access: Relay NH 1-800-735-2964



1 99901355

APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPROVAL

FOR OFFICE USE ONLY

TOTAL FEE \$85.00

Fee Paid 85.00 Date Received MAR 09 1999

Failed System/Replacement Expedite

Check No. 011831 RFS R.F.S.

Waiver Request Holding Tank

RECEIVED MAR 09 1999

PLEASE PRINT OR WRITE LEGIBLY, COMPLETE ENTIRE FORM

- 1. System Location: CITY/TOWN: Bartlett CITY/TOWN APPROVAL OBTAINED: YES IF YES/DATE 3/8/99
STREET/LOCATION NH Route 16, US Route 302 LOT NO: 210 TAX MAP NO Map 1 Rt 016 201 L 10
SUBDIVISION NAME: Lot of Record REGISTRY BOOK NO. 1726 PAGE NO: 113
STATE APPROVAL NO. N/A 5+AC COUNTY: Carroll PROBATE NO. (If Applicable)
2. Water Supply: MUNICIPAL WATER SUPPLY COMMUNITY WELL ON LOT x OTHER
Mt. Washington Observatory Charitable
3. Lot OWNER'S Name: Remainder Annuity Trust STREET: PO Box 2310
CITY/TOWN: Bartlett STATE: NH ZIP: 03860 TEL. NO: 356-8645
4. APPLICANT'S Name: Steven J. Smith & Assoc., Inc. STREET: 6 Lily Pond Road
CITY/TOWN: Gilford STATE: NH ZIP: 03246 TEL. NO: 524-1468
Designer's Name: Peter W. Howard Permit No: 830 P.E.: (P.E. required if 2,500 GPD or more)
5. Amended Plan Revised Plan Previous Construction Approval No.

THE STATEMENT BELOW MUST BE SIGNED AND DATED BY THE APPLICANT AND OWNER[S]

Owner(s): THE UNDERSIGNED CERTIFY THAT THEY ARE THE PRESENT OWNERS OF THE PROPERTY BEING APPLIED FOR AND THAT THEY HAVE SEEN THE PLANS AND THEY ARE IN ACCORDANCE WITH THEIR NEEDS AND DESIRES. THE UNDERSIGNED FULLY UNDERSTANDS THAT SHOULD THIS PLAN BE APPROVED, NO WAIVERS TO THE CONSTRUCTION APPROVAL WILL BE ALLOWED. ANY CHANGES WILL REQUIRE A NEW SUBMISSION (WITH FEE), REVIEW AND APPROVAL.

Date: 3/4/99 Signed: [Signature] Owner(s)

Applicant: To the best of my knowledge, the data and information which I have submitted to obtain approval for construction from the New Hampshire Department of Environmental Services is true and correct. I understand that an approval based upon incorrect data may be subject to revocation. I also understand that NO CONSTRUCTION OF ANY STRUCTURE SERVICED BY THE PROPOSED SYSTEM, NOR THE SYSTEM ITSELF, MAY COMMENCE WITHOUT PRIOR WRITTEN DEPARTMENT APPROVAL. I HAVE COMPLIED WITH ALL LOCAL REGULATIONS OR ORDINANCES RELATIVE TO CONSTRUCTION OF SEWAGE DISPOSAL SYSTEMS AND HAVE OBTAINED ALL OTHER APPROVALS THAT MAY BE REQUIRED FOR OTHER WORK RELATED TO CONSTRUCTION OF THE SEWAGE DISPOSAL SYSTEM. The applicant herewith certifies, where applicable, that the approved off-site, municipal or community, water supply is available at the lot line.

Date 2/18/99 Signed: [Signature] Applicant Permit No. 830

Shoreland Protection Certification

Introduction The New Hampshire Shoreland Protection Act (RSA 483-B) requires that applicants for environmental permits which involve work in the protected shoreland "demonstrate to the satisfaction of the department (of environmental services) that the proposal meets or exceeds the development standards of this chapter." The certification contained herein is an acceptable vehicle for such a demonstration.
The protected shoreland is defined to be all land located within 250 feet of a reference line. The reference line means:
(a) For natural fresh water bodies without artificial impoundments, the natural mean high water level as determined by the Department of Environmental Services.
(b) For artificially impounded fresh water bodies with established flowage rights, the limit of the flowage rights, and for water bodies without established flowage rights, the waterline at full pond as determined by the elevation of the spillway crest.
(c) For coastal waters, the highest observable tide line, which means a line defining the furthest landward limit of tidal flow, not including storm events, which can be recognized by indicators such as the presence of a strand line of flotsam and debris, the land ward margin of salt tolerant vegetation, or a physical barrier that blocks further flow of the tide.
(d) For rivers, the ordinary high water mark.
In the case of rivers, the law applies to all fourth order or higher streams of the state with the exception of rivers or river segments designated for management and protection under RSA 483 prior to January 1, 1993. Lists of fourth order and higher streams and river segments designated under RSA 483 are available at no cost from the Department of Environmental Services.

Statement of Compliance

- 1) Will the project for which a permit is hereby requested involve construction, land clearing, or other development within the protected shoreland as defined above? Answer yes or no. Answer No
- 2) If the project involves construction, land clearing, or other development within the protected shoreland, will it meet or exceed the development standards of RSA 483-B? Answer yes, or not applicable. Answer _____

If not applicable, state why _____

(Note, the development standards are not applicable in only three situations: (1) the project is not located in the protected shoreland, (2) the activities are exempted under section 483-B:9.V or section 483-B:19, of the Act, or (3) the Commissioner of the Department of Environmental Services has granted a variance from a specific standard.)

Certification

As owner or agent for the owner of the subject property, by my signature below, I certify that:

- (a) My responses to questions 1 and 2 above are correct to the best of my knowledge,
- (b) I am familiar with the requirements of RSA 483-B and have knowledge of the development activities which will be undertaken,
- (c) The plans and other information submitted with this permit application provide a complete description of the project and demonstrate how compliance will be accomplished, and
- (d) I understand that false information given in this certification may result in revocation of any permit granted by the Department of Environmental Services as a result of this application, liability for remediation or restoration of the land affected, fines up to \$20,000 for each day of continuing violation, imprisonment or other penalties.

Certified by Peter W Howard Date 2/18/99

Name (print or type) Peter W Howard owner of agent (circle one)

YOU MUST SUBMIT THE FOLLOWING INFORMATION (Put all information on plans)

- 6. Two (2) sets of scale plans (one inch = 20 feet) (3 sets if designer wants a return copy of plan) showing all lot dimensions and indicating the distance to and location of existing and proposed buildings wells and waste disposal systems. If the proposed system or well is closer than seventy-five (75) feet to a boundary, you will need to indicate what is on the adjoining lot. If the lot is so large that it cannot be scaled 1"= 20' on your drawing, two copies of a scale plan with a larger scale must also be submitted. The 1:20 scale plan must also contain pertinent elevation data and location of test pits and percolation test holes. All plans must be folded to 8½" x 11". Show areas of exposed ledge or boulders greater than 6' in diameter within 75' of proposed system.
 - 7. Specific directions so that inspector may easily drive to and find the site. Include mileage referenced from intersections or landmarks to this site. This shall be indicated on a USGS quadrangle map or other suitable location plan.
 - 8. Distance and location of nearest surface water in relation to disposal system (must be a minimum of 75' from all lakes streams, ponds and swamps whether intermittent or year round). If nearest surface water is greater than 75' away a statement to that effect.
 - 9. a. Location of proposed and existing drinking water supply lines. Soil Data (to be determined in leaching area for each system indicate where and when tests were taken). Percolation test data including rate and depth of test.
 - b. Test Pit Log:
 - Show depth from original ground surface to the observed water table.
 - Show depth to seasonal high water table (springtime). This may be an estimate based on mottling, NRCS data, etc., (water table must be four (4) feet below the bed during all seasons of the year).
 - Show depth from original ground surface to impermeable substratum (i.e. clay or ledge). Clay and hardpan will be considered impermeable unless proven otherwise. Bottom of leach bed, field or dry well must be six (6) feet above any ledge or other impermeable substratum on lots with wells; and a minimum of 4 feet above ledge, etc., on lots with approved off-lot water supplies (municipal or community). P. E. required for ledge lots where system will be greater than 600 GPD.
 - Soil description of the predominant soil layers including color notations from the Munsell Soil Color book.
 - c. Soil survey data for the lot. This information is available at the Local Soil Conservation District office. When taken from current soil map, a copy designating locus and site will be acceptable (state reference source).
 - 10. Where fill is required, filled area must extend a minimum of five (5) feet in all direction beyond the edge of the bed at same elevation as top of the bed before tapering off at a 3:1 slope (3 horizontal to 1 vertical). A minimum of 3" of loam must be placed around the outside of bed to prevent lateral seepage of sewage. All topsoil, roots and organic matter under the leaching system must be removed before fill is placed. Show fill details and material specification on cross section.
 - 11. Number of bedrooms or estimated sewage load in gallons per day.
 - 12. Ground surface elevations for the lot showing the slope of the land at two foot contour intervals. Sufficient spot elevations are required to verify level lots. Show original and proposed contours. Reference contours to a benchmark located near the proposed systems. This topographical information must appear on the 1:20 scale plan.
 - 13. Liquid capacity of septic tank, details and materials of construction.
 - 14. Scale plan of leaching system with construction details and dimensions. Show sill elevations, invert elevations at building exit, inlet and outlet from septic tank, inlet and outlet from distribution box, invert of leach lines and bottom elevation of leaching, area. Inverts must be referenced to your benchmark. Invert may be best indicated on your cross section or profile sections.
 - 15. Make, type and capacity of sewage pump, pump well, discharge line, siphons, siphon chambers, etc. (when used).
 - 16. Number of outlets and name of manufacturer of distribution box (all laterals must be directly connected to distribution box, i.e., no tees in the middle of the bed or field will be allowed).
 - 17. Cross section of leaching trench, leaching bed, or dry well showing all construction details (in leach bed, lines should be uniformly spaced from 3 to 5 feet on center and half of that distance in from the edge of the bed; present requirements for dry wells are 6" minimum of stone around sides of dry well and 1 foot minimum of stone under dry well). Show all fill details on cross section.
 - 18. Type and size of stone. Must be clean and meet septic stone specifications.
 - 19. Type, size and manufacturer of leaching pipe.
 - 20. Type of leaching pipe joints for perforated pipes. (Leach lines shall be interconnected or capped at the end.)
 - 21. Statement that leaching pipes and bottom of leaching area will be laid as level as possible.
 - 22. Show a suitable area for a replacement system where available or state that the system may have to be rebuilt in place, if failure occurs.
- NO LIABILITY IS INCURRED BY THE STATE by reason of any approval for construction of individual sewage disposal system plans. Approval by the Department of Environmental Services of individual sewage disposal systems is based on plans and specifications supplied by the applicant. NO GUARANTEE IS INTENDED OR IMPLIED BY REASON OF ANY ADVICE GIVEN BY THE DEPARTMENT OR ITS STAFF.

Department of Environmental Services
PO Box 95
6 Hazen Drive
Concord, N.H. 03302-0095

DO NOT BACKFILL

Peter Howard
Designer's Name

830
D-Permit No.

CA1999015664
Approved for Construction No.

Lloyd Drew
Installer's Name

420
I-Permit No.

1999015664
Work Number

NOT APPROVED FOR OPERATION (see below)

OWNER Mt Washington Observatory TOWN Bartlett

- | | | |
|---|---|---|
| <input type="checkbox"/> SYSTEM NOT INSTALLED PER PLANS | <input type="checkbox"/> FILL NOT EXTENDED OR NOT ENOUGH FILL | <input type="checkbox"/> NOT ENOUGH PITCH ON LINE TO TANK/LINE TO D-BOX |
| <input type="checkbox"/> SITE CONDITIONS NOT ACCURATELY SHOWN | <input type="checkbox"/> Fill must extend _____ feet beyond outside limits of the leach field before tapering off at a _____ slope. | <input type="checkbox"/> LEACH AREA INSTALLATION Stone, pipe, etc. See below. |
| <input type="checkbox"/> TOO CLOSE TO SURFACE WATER | <input type="checkbox"/> A layer of impervious soil must be placed on sloped portion of fill to prevent lateral seepage of sewage. | <input type="checkbox"/> WELL RELOCATED |
| <input type="checkbox"/> SEPTIC TANK INSTALLATION Size, location, etc. See below. | | <input type="checkbox"/> NO BUILDING STARTED |
| <input type="checkbox"/> DISTRIBUTION BOX INSTALLATION See below. | | <input type="checkbox"/> DREDGE AND FILL PERMIT MAY BE NEEDED |

COMMENTS: "OK to Backfill" eljen bed

Will inspect septic tank & pump chamber when ready, note conditions on approval:
pump chamber to be vented
no flow equalizers in d-box

PLEASE MAKE CORRECTIONS NOTED ABOVE AND CALL 383-4516

AMENDED PLANS MUST BE RECEIVED BY TIME OF INSPECTION

- System must be rebuilt in accordance with the approved plan.
- System may be approvable, as built. A licensed designer must submit a fee and (3) revised plans for an alternative design to Concord office for review and possible approval.
- System, as built, is not approvable, nor does it appear possible to reconstruct it in accordance with approved plan. An alternative design must be submitted to Concord office for review and possible approval.
- New test pits needed.
- New percolation tests needed.
- Ok to backfill. System may not be used until deficiency(ies) have been corrected and an Operational Approval has been granted.

INSPECTOR [Signature] DATE 19 Nov 1999

