



TOWN OF CHESTER

Building Department

84 Chester Street

Chester, NH 03036

Office- 603.887.3636

Cell- 603.370.0175

www.chesternh.org



Permit: Install, Repair or Replace – Septic Tank and/or Absorption Field

PERMIT

Address of Installation		Map & Lot
[<input type="checkbox"/>] New System [<input type="checkbox"/>] Repair of System [<input type="checkbox"/>] Replacement		
OWNER INFORMATION		
Name		
Address		
Phone	Email	
INSTALLER INFORMATION		
Name	[<input type="checkbox"/>] Copy of Installer's Permit (required)	
Address		
Phone	Email	
GENERAL INFORMATION		
Dig Safe Ticket Number	State Approval Number	
Size of tank(s)	Size of leach field	
Date of test pit	Distance to seasonal high water table	
THE FOLLOWING INSPECTION AND SUBMITTAL ARE REQUIRED PRIOR TO OPERATION		
Basal area [<input type="checkbox"/>] Pass [<input type="checkbox"/>] Fail {Completed by Building Inspector}		
Approval for Operation {Issued by NHDES} Received [<input type="checkbox"/>]		
<i>It is the responsibility of the owner and/or installer to notify the appropriate Inspector when ready for each inspection.</i>		
SIGNATURES		
Applicant	Date	
OFFICE USE ONLY		
Application Received By	Date	
Building Inspector	Date	
[<input type="checkbox"/>] Approved [<input type="checkbox"/>] Denied		

PERMIT No. _____	Amount _____ Check _____ Date _____ Rec By _____
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