



Septic Evaluation and Certification Report

This form is the only acceptable form that can be used to satisfy the requirements of Ordinance WIN 2:00:28:23.

Address: _____ Map: _____ Block: _____ Lot: _____

Please circle one: Septic tank or Holding tank

Sludge depth: _____

Approx. gal. of septage pumped: _____

If a Holding tank is present:

Is there an alarm (circle one)? YES NO

Is the alarm functioning (circle one)? YES NO

Approximate location of tank: _____

Size and condition of tank(s): _____

Outlet baffle in place (circle one): YES NO

Effluent draining back from leach field (circle one): YES NO

Condition of field(s): _____

Is the system in failure? _____

***Septic Failure:** The condition produced when a subsurface sewage or waste disposal system does not properly contain or treat sewage, or causes or threatens to cause the discharge of sewage on the ground surface or into adjacent surface or groundwaters (RSA 485-A-2:IV). Cesspools, by definition, are systems in failure. Note: Containment is not achieved if septage is released into or upon surrounding soils or groundwater.*

Recommended pumping interval (not to exceed 3 years): _____

If less than 3 years, please indicate reasoning: _____

Septic Pumper / Evaluator

It is my opinion that the system located at _____ is not in failure, is properly connected to all wastewater sources, and adequately meets the requirements of the property.

Signature: _____

Date: _____

Printed: _____

Phone: _____

Email: _____

Property owner

Signature: _____

Date: _____

Printed: _____

Phone: _____

Email: _____

Completed Evaluation and Certification Reports (and receipts) can be submitted to Keith Meile, Building Inspector / Health Officer, via email to kmeile@windhamnh.gov or delivered in person to the Community Development Department.