



◆◆◆◆◆

WPOD Onsite Wastewater Treatment System Pump-Out and Inspection Waiver Application

Name of Applicant _____

Mailing Address _____

Phone # _____ Email _____

*Signature: _____ Date: _____
**Applicant, if not owner, must supply written authorization to submit on behalf of owner(s).*

Name of Property Owner _____

Mailing Address _____

Phone # _____ Email: _____

*Signature: _____ Date: _____

Property Address _____

Map/Lot/Number _____ Zoning/District _____

WAIVER REQUESTED

A waiver is requested from section(s) _____ of the Ordinance Governing Onsite Wastewater Treatment System Pump-Out and Inspection Within Watershed Protection Overlay District (WPOD) to permit:

APPLICATION DIRECTIONS

1. All supporting materials for consideration by the Health Officer should be supplied to the Community Development Department with the submission of this application.
2. Owner/owners must supply written authorization to allow agents and/or other representatives, to apply and appear on the owner/owners behalf.
3. An applicant may appeal against a decision of the Health Officer to the Board of Health within ten (10) days of the issuance of the decision. The Board of Health shall hold a hearing and render a decision within thirty (30) days of appeal.



Pursuant to Section VIII:A of the above-referenced Ordinance (codified as WIN 2:00:28:23), the Board of Health or their designee may grant a waiver allowing less frequent pumping after review of either:

Circle one:

- 1 - a valid septic system operational approval, on file, with NH DES; or
- 2 - a current written system evaluation signed by a NH certified or licensed septic system evaluator.

If the Board of Health or their designee determines that less frequent pumping would not be inconsistent with the purposes of this ordinance, a waiver may be granted. In no case shall a waiver allow pumping intervals to exceed five (5) years.

Explain how less frequent pumping would not be inconsistent with the purposes of this ordinance:

Staff Use Only

Received by: _____ Date _____

Health Officer Decision: **GRANTED** **DENIED** Date: _____

Remarks: _____
