

TOWN OF HAMPTON FALLS

TOWN OFFICES, 1 DRINKWATER ROAD 603-926-4618



NEW HAMPSHIRE 03844

REQUEST FOR ROCKINGHAM COUNTY CONSERVATION DISTRICT WITNESS OF TEST PITS

In accordance with RSA 676:4,1(g), Section 4.8 of the Hampton Falls Subdivision Regulations, and Section 7.13 of the Hampton Falls Building Code, all test pits shall be observed and logged by a member of the Hampton Falls Planning Board/Board of Selectmen or its agent. The cost of said witnessing shall be borne by the applicant. In order to request witnessing of test pits, the following form shall be submitted to the Building Inspector for the Town of Hampton Falls, accompanied by a fee of \$355.00.

Rockingham County Conservation District 10 North Road, Brentwood, NH 03833-6614
Tel: 679-2790 Fax: 679-2860

Town of Hampton Falls 1 Drinkwater Road Tel: 926-5269 Fax: 926-1848

The Hampton Falls Planning Board/Board of Selectmen requests the witness of test pit(s) for the

_____ proposal for the purpose of:

_____ Subdivision Approval _____ Septic Design Approval

Property Location: _____ Tax Map #: _____ Lot #: _____

Property Owner: _____ Tel #: _____

Licensed Designer *: _____ Tel #: _____ Cell #: _____

Licensed Installer *: _____ Tel #: _____ Cell #: _____

* Town requires a copy of NH License for file

Date: _____ Amount Received: \$ _____ Check #: _____

From: _____ Address: _____

Building Inspector _____

NOTE: It is the responsibility of the applicant to contact RCCD to make an appointment for the test pit inspection. Please allow 4 working days after submission before contacting RCCD. Inspections are normally done on Mondays and Wednesdays; a 24 hour notice is required. Call 679-2790 to request service.

CONSENT OF APPLICANT

I, _____ of _____ agree to a review of the above proposal, and further agree to be responsible for any charges that may result from this review.

Signature

Date