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 $385.00. (Effective 4/15/11)

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

04/11