

Town of Alton



Building Department, PO Box 659, 1 Monument Square, Alton NH 03809
Phone 603-875-2164 Fax 603-651-0732

WELL/SEPTIC SYSTEM INSTALLATION/REPAIR PERMIT

Well Installation: _____ **Septic System Installation/Repair:** _____

Permit #: _____

Fee: \$25.00

Tax Map: _____

CK: _____/Cash

Lot #: _____

Rcvd by: _____

Property owner: _____

Property location: _____

Work being done: _____

Work to be done by: _____

Contractor Phone: _____

1. Well Radius Release required? _____

- Copy of the recorded well radius release is to be provided to the Building Department.
- A "Standard Analysis" Water Quality test (as defined by NH Department of Health and Human Services) is required for each new well. Test results shall be submitted to the Alton Building Department.

2. NHDES Septic Construction Approval Number: _____

Applicant/Agent: _____ Date _____

Building Official: _____ Date _____