

APPROVAL FOR CONSTRUCTION

CA2012108453

N.H. DEPARTMENT OF ENVIRONMENTAL SERVICES
SUBSURFACE SYSTEMS BUREAU
P.O. BOX 95, 29 HAZEN DRIVE, CONCORD, NH 03302-0095

CA2012108453

APPROVAL NO.

THE PLANS AND SPECIFICATIONS FOR SEWAGE OR WASTE DISPOSAL SYSTEM SUBMITTED FOR:

OWNER: **JESSE/STACY SMITH**
25 RUNAWAY RD
NEWFIELDS NH 03856-

Map No./Lot No.: **210 / 33-6**
Subd. Appvl. No.: **1999001570**
Subd. Name: **RIVERS REACH**
County: **ROCKINGHAM**
Registry Book No.: **4831**
Registry Page No.: **2095**
Probate Docket No.: **N**
(If Applicable)

COPY SENT TO: **BOARD OF SELECTMEN**
65 MAIN STREET
NEWFIELDS NH 03856

Type of System: **4 BR**
600 GPD
NEWFIELDS

Town/City Location: **25 RUNAWAY ROAD**

BY APPLICANT: PERMIT NO. **01377**

ADAM R FOGG
149 MILL RD
DURHAM NH 03824

Street Location:

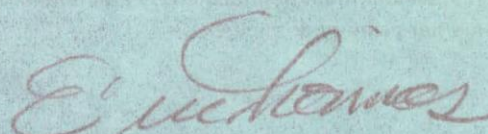
Subsurface waste disposal systems must be operated and maintained in a manner so as to prevent nuisance or health hazard due to system failure.
(RSA 485-A:37)

It is unlawful to discharge any hazardous chemicals or substances into subsurface waste disposal systems. Included are paints, thinners, gasoline and chlorinated hydrocarbon solvents such as TCE, sometimes used to clean failed septic systems and auto parts. (Env-Ws 1503.04)

**ADVISE YOUR CONTRACTOR OF REQUIRED CHANGES
IN PLANS AS INDICATED BELOW CONDITIONS**

1. THIS APPROVAL IS VALID FOR 90 DAYS FROM DATE OF SAID APPROVAL, PER ENV-WQ 1003.22.

05/01/2012


ERIC J THOMAS

Approved this date: _____
Date amended: _____

By: _____
N.H. Department of Environmental Services Staff

Amended by: _____ (OVER)

REVISED 8/01

201201330

NHDES, SSB FILE

N.H. DEPARTMENT OF ENVIRONMENTAL SERVICES
SUBSURFACE SYSTEMS BUREAU
P.O. BOX 95, 6 HAZEN DRIVE, CONCORD, NH 03302-0095

THIS APPROVAL DOES NOT SUPERSEDE ANY EQUIVALENT OR MORE
STRINGENT LOCAL ORDINANCES OR REGULATIONS, STATE
STANDARDS ARE MINIMAL AND MUST BE MET STATEWIDE.

**IN THE EVENT OF SYSTEM FAILURE, IT SHALL BE THE
RESPONSIBILITY OF THE OWNER TO CORRECT
ANY SUCH FAILURE.**

NO LIABILITY IS INCURRED BY THE STATE by reason of any approval of subdivision plans or any approval to construct or use a sewage or waste disposal system. Approval by the Department of Environmental Services of sewage and waste disposal systems and subdivisions is based on plans and specifications supplied by the applicant.

NO GUARANTEE IS INTENDED OR IMPLIED BY REASON OF
ANY ADVICE GIVEN BY THE DEPARTMENT OR ITS STAFF.

PLEASE POST IN A CONSPICUOUS PLACE DURING CONSTRUCTION

The system must be constructed in strict accordance
with the approved plans and specifications.

The installed system must be left uncovered and cannot be used
after construction until it is inspected and
finally approved by an authorized agent
of the Department. This is to make
certain the system is built
according to the approved
plans and specifications.

CONTACT THIS OFFICE: 271-3501, REGIONAL OFFICE, OR OUR
AUTHORIZED LOCAL AGENT, WHEN READY FOR INSPECTION.

**This system must be installed by an installer holding a valid permit, except an owner may install the system
for his/her primary domicile.**

Env-Ws 1004.09 EXCEPT AS PROVIDED IN Env-Ws 1003.19, ALL CONSTRUCTION APPROVALS ISSUED
BY THE DEPARTMENT SHALL EXPIRE 4 YEARS FROM THE DATE OF ISSUE, UNLESS AN OPERATIONAL
APPROVAL HAS BEEN GRANTED OR IS IMMINENT FOR SUBJECT CONSTRUCTION.

Env-Ws 1003.19 Replacement of Failed Systems. All applications submitted for the purpose of correcting a failed system shall be accompanied by a written statement from the Town Health Officer confirming that the existing system is in fact in failure. Construction approvals granted for replacement of a failed system shall be valid for a period of 90 days. Failure to complete construction within the 90 day approval period shall result in the invalidation of the approval.

APPROVAL FOR OPERATION

CA2012108453

N.H. DEPARTMENT OF ENVIRONMENTAL SERVICES
SUBSURFACE SYSTEMS BUREAU
P.O. BOX 95, 29 HAZEN DRIVE, CONCORD, NH 03302-0095

CA2012108453

APPROVAL NO.

AMENDED DUE TO:

OWNER:

JESSE/STACY SMITH
25 RUNAWAY RD
NEWFIELDS NH 03856-

Map No./Lot No.:

210/33-6

1999001570

Subd. Appvl. No.:

RIVERS REACH

Subd. Name:

ROCKINGHAM

County:

4831

Registry Book No.:

2095

Registry Page No.:

Probate Docket No.:
(If Applicable)

N

Type of System:

4 BR

600 GPD

NEWFIELDS

Town/City Location:

25 RUNAWAY ROAD

Street Location:

COPY SENT TO:

BOARD OF SELECTMEN
65 MAIN STREET
NEWFIELDS NH 03856

Subsurface waste disposal systems must be operated and maintained in a manner so as to prevent nuisance or health hazard due to system failure.

(RSA 485-A:37)

It is unlawful to discharge any hazardous chemicals or substances into subsurface waste disposal systems. Included are paints, thinners, gasoline and chlorinated hydrocarbon solvents such as TCE, sometimes used to clean failed septic systems and auto parts. (Env-Ws 1503.04)

Installer

DAN MARSTON

Permit No.

3476

☐ Owner Installed For His/Her Domicile

Was Inspected On (Date)

5/30/12

Before Covering And Is Hereby Approved For Use.

Date Approved:

5/30/12

By:

Jay Boon

Authorized Agent Of N.H. Department of
Environmental Services

(OVER)

REVISED 8/01

20120108453

NHDES, SSB FILE

GOLD = Owner's

YELLOW = Town's

BLUE = NHDES, SSB file

N.H. DEPARTMENT OF ENVIRONMENTAL SERVICES
SUBSURFACE SYSTEMS BUREAU
P.O. BOX 95, 6 HAZEN DRIVE, CONCORD, NH 03302-0095

THIS APPROVAL DOES NOT SUPERSEDE ANY EQUIVALENT OR MORE
STRINGENT LOCAL ORDINANCES OR REGULATIONS, STATE
STANDARDS ARE MINIMAL AND MUST BE MET STATEWIDE.

**IN THE EVENT OF SYSTEM FAILURE, IT SHALL BE THE
RESPONSIBILITY OF THE OWNER TO CORRECT
ANY SUCH FAILURE.**

NO LIABILITY IS INCURRED BY THE STATE by reason of any approval of subdivision plans or any approval to construct or use a sewage or waste disposal system. Approval by the Department of Environmental Services of sewage and waste disposal systems and subdivisions is based on plans and specifications supplied by the applicant.

NO GUARANTEE IS INTENDED OR IMPLIED BY REASON OF
ANY ADVICE GIVEN BY THE DEPARTMENT OR ITS STAFF.

EST
COMPLETE

MAY - 1 2012

SEP
Application Receipt Checklist

File #: 201201330

Present (?): If any of these items are **not present**, complete the Applicant Return Letter and return the application.

- | | | |
|----------------------------------|---|---|
| ☒ | N | Completed Check or Voucher Number |
| ☒ | N | N/A If check, legal line of check completed ("three hundred dollars and no cents") |
| ☒ | N | N/A If check, check is signed |
| ☒ | N | N/A If check, check dated on or before date of application stamp. |
| ☒ | N | Base fee (\$300) |
| ☒ | N | Application Form (w/ Owner's Signature) |
| ☒ | N | Tax Map / Lot number (on Application Form) |
| ☒ | N | Two (2) or more complete sets of plans stamped by Designer (no Designer stamp required if designed by the owner for his/her own personal domicile) |
| ☒ | N | Municipal approval stamp, if any of the local-approval towns found on the 1/20/11 "Communities That Require Local Approval Prior to RSA 485-A:32, I & II" list: |

Present (?): If any of these items is **present**, follow the instruction.

- | | | |
|----------------------------------|----------------------------------|--|
| Y | ☒ | Is there an expedite request (Policy #201) with this application? If the request says "Policy 201", bring a copy of the request to the Commissioner's Office Admin Person. |
| Y | ☒ | Is there a letter from the town, from the designer or from the applicant to expedite the permitting of this system? If so, circle Y and assign as a normal application. |
| ☒ | N | Is it a failed system? If yes, stamp "failed" on the application and assign to Eric Thomas. |
| Y | ☒ | Is there a waiver associated with this application? If yes, stamp "waiver" on the application and assign as a normal application. |

02/01/2011

() Data Input

() Expedite

Construction Approval No. _____

CONSTRUCTION APPROVAL CHECKLIST

TOWN: Newfield
SUBDIVISION NAME: Smith
Owner: _____
SIZE: 4 (BR) FLOW: 600 (GPD)
DESCRIPTION/TYPE OF SYSTEM: _____

Work No. _____

SUBDIVISION APPROVAL NO: 1999001570
LOT NUMBER/UNIT NUMBER: _____

TYPE

- ☒ 1. Single Family Residence (4-bedroom max.)
- ☐ 2. Apartment
- ☐ 3. Condominium
- ☐ 4. Manufactured Housing Park
- ☐ 5. Camping/Tenting
- ☐ 6. Commercial
- ☐ 7. Industrial
- ☐ 8. Public Food Handling
- ☐ 9. Duplex
- ☐ 10. Other

DESIGN

- ☒ n. In-ground
- ☐ o. Above-ground/Mounded
- ☐ p. Ledge Lot
- ☐ q. Chambers
- ☐ r. Pressure Distribution
- ☐ s. Dry Well
- ☐ t. Trenches
- ☐ u. Modified Dry Well
- ☐ v. Holding Tank
- ☐ z. Other

Waiver Granted (yes/no): _____

Previous Construction Approval # 2000022814

Status: 1. New 4. Revised
2. Replacement 5. Other
3. Amended

RETURN DATE:

BY: _____

RETURN REASON:

RESUBMITTAL DATE:

APPLICATION DATE: _____

SITE INSPECTION DATE: _____

PROJECT COORDINATOR: _____

APPROVALS REQUIRED: D&F _____ 485-A:17 _____ WS _____ (UIC)GMP _____ Other _____

SOILS GROUP: _____ TYPE: _____ LOT SIZE: _____

PERC. RATE: _____ AMEND: _____ APPROVAL DATE: 5-1-12

CONDITIONS: 1

APPROVED BY: E. Hermes

(LIMIT-2 CONDITIONS - 62 CHARACTERS EACH)

(OVER)



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF ENVIRONMENTAL SERVICES
LAND RESOURCES MANAGEMENT
SUBSURFACE SYSTEMS BUREAU

29 Hazen Drive P.O. Box 95

Concord, NH 03302-0095

phone: (603) 271-3501 fax: (603) 271-6683 website: <http://des.nh.gov/organization/divisions/water/ssb/index.htm>



APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM (ISDS) APPROVAL

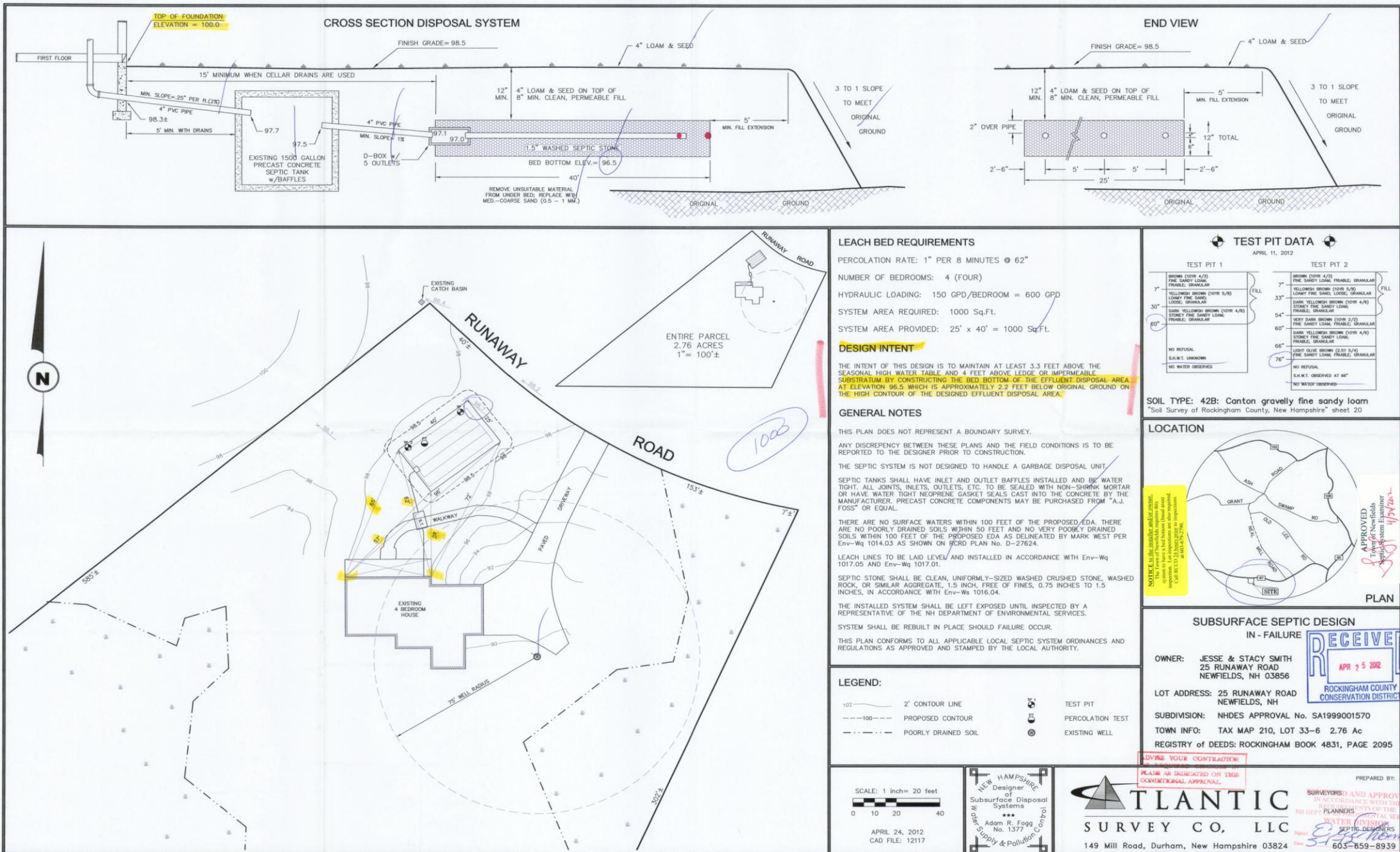
Fee \$300 per System

DES Use:	COMPLETE Administrative Use Only MAY - 1 2012	RECEIVED Administrative Use Only MAY - 1 2012	RECEIVED Administrative Use Only MAY - 1 2012	Work Number: 201201330 Check No. 26586 Amount: 300.00 Initials: JR			
1. INDICATE TYPE OF SYSTEM							
☐ New System	☐ Existing State Approved System (with Revision)	☒ Replacement System **SEE SECTION 12	If Replacement, is this system FAILED? ☒ YES ☐ NO	☐ Waivers Requested			
For a Replacement System, provide previous Construction Approval #CA2000022814 Operational Approval date 9 / 23 / 2003							
2. SPECIAL TYPES OF SYSTEMS							
☐ YES ☒ NO Are you submitting Revised Plans?		If YES provide previous Construction Approval #					
☐ YES ☒ NO Is this application for a collection system? (phased build out)		If YES provide previous Construction Approval # AND Operational Approval date / /					
☒ YES ☐ NO Is City / Town prior approval required in accordance with RSA 482-A:32, II? Date approved 4 / 30 / 2012							
3. SUBDIVISION STATUS							
SUBDIVISION NAME: RIVERS REACH		OR N/A BECAUSE: ☐ pre-1967; ☐ >= 5 acres; ☐ Env-Wq 1004.05; ☐ RSA 485-A:2, XIII					
STATE SUBDIVISION APPROVAL # SA1999001570							
4. PROJECT LOCATION ADDRESS							
25 RUNAWAY ROAD				TOWN/CITY NEWFIELDS			
COUNTY	Book	Page	Probate #	TAX MAP(S)	BLOCK(S)	LOT(S)	UNIT(S)
ROCKINGHAM	4831	2095		210		33-6	
5. APPLICANT NAME (Last, First, Initial)					PHONE	EMAIL OR FAX	
ATLANTIC SURVEY CO, LLC					603-659-8939	atlanticsurvey@comcast.net	
DESIGNER NAME ADAM R. FOGG ☐ Same as applicant					NH Designer Permit # 1377 Home Owner Design ☐		
MAILING ADDRESS					TOWN/CITY	STATE	ZIP CODE
149 MILL ROAD					DURHAM	NH	03824
6. PROPERTY OWNER NAME (Last, First, Initial)					PHONE	EMAIL OR FAX	
SMITH, JESSE & STACY					659-8150		
MAILING ADDRESS					TOWN/CITY	STATE	ZIP CODE
25 RUNAWAY ROAD					NEWFIELDS	NH	03856
7. SIGNATURES (A NHDES PERMITTED DESIGNER MUST SIGN AS OR ON BEHALF OF APPLICANT)							
APPLICANT SIGNATURE ¹ DATE: 4 / 24 / 2012				PROPERTY OWNER SIGNATURE ² DATE: 4 / 25 / 12			
							

8.	TYPE OF DEVELOPMENT				
☒ Single Family	☐ Condominium	☐ Camping/ Tenting	☐ Industrial	☐ Public Food Establishment	
☐ Apartment	☐ Manufactured Housing Park	☐ Commercial	☐ Duplex	☐ Other:	
9.	DESIGN FLOW CALCULATIONS				
☒ Residential: Number of Bedrooms: 4			Total Flow: 600 GPD		
☐ Commercial: Total Flow: GPD					
10.	TYPE OF DESIGN				
☒ Gravity	☐ Above ground	Effluent Disposal Area Type (ie: stone & pipe): ☐ Pre Treatment Pre treatment Type:			
☐ Holding tank	☒ In Ground				
☐ Pump	☐ At Grade				
☐ The 50 % Rule is being used in accordance with Env-Wq 1014.06					
11.	WATER SUPPLY (Indicate the type of water supply that services the lot – check all that apply)				
☐ Municipal (a) Name of System:			☒ Well On Lot:		
☐ Public Water System (a) Name:			Well radius on lot?		
Type of public water system: ☐ Community ☐ Transient non-community ☐ Non-transient non-community			☒ Yes		
☐ Other:			☐ No (Provide Recorded Well Release)		
			☐ Well Off Lot (Provide Deeded Easement)		
12.	REPLACEMENT AND/OR FAILED SYSTEMS ONLY				
(a) Reason for Failure ☐ Age; ☐ Excessive Load; ☐ Inappropriate Load; ☐ Other (specify): SOIL					
(b) TYPE OF SYSTEM (OLD SYSTEM) BEING REPLACED					
☒ Gravity	☐ Above Ground / Mounded	Effluent Disposal Area Type:			
☐ Pump	☒ In Ground	☐ Pre Treatment Pre treatment Type:			
☐ Holding Tank	☐ At Grade	☐ Unknown / Other:			
Age of Existing System: 9 years		Existing Septic Tank Size: 1500 gallons Type:			
Number of Existing Structures Currently Served: 1		Total Flow (all bedrooms): 600 GPD			
Number of bedrooms: 4		Number of Current Occupants: 2			
Household Appliances that Discharge to Septic System: (check all that apply)					
☐ Garbage Grinder/Disposal	☒ Washing Machine	☐ Water Chlorinator	☒ Dish washer		
☐ Jacuzzi/Hot Tub	☐ Water Softener	☐ Solids Pump Unit before Tank	☐ Other:		
13.	OTHER NHDES APPROVALS / PERMITS REQUIRED TO CONSTRUCT THIS SYSTEM (Check all that apply)				
☐ Alteration of Terrain Permit #		☐ SSB Subdivision Approval Permit #			
☐ Pending		☐ Pending			
☐ Water Supply Approval Permit #		☐ Wetlands Bureau Approval Permit #			
☐ Pending		☐ Pending			
☐ UIC Registration					
☐ This project is located in the Protected Shoreland			Name of Waterbody:		
☐ Shoreland Permit #			Type of Waterbody ☐ Lake; ☐ River /Stream; ☐ Tidal		
☐ Pending ☐ N/A exempt					

¹ The following signatory certification applies to the Applicant: The Applicant certifies that s/he is a permitted designer in good standing or the owner of said property, and that the information submitted accurately represents the existing site conditions as of the date of application. The Applicant further agrees and understands that if any information submitted in this application which is material to the department's approval of the application is false or misleading, the approval as well as the designer's permit, if applicable, shall be subject to suspension or revocation. The applicant herewith certifies, where applicable, that the approved off-site, municipal or community water supply is available at the lot line.

² The following signatory certification applies to the Property Owner: I/We certify that I am/we are the present owner(s) of the property referenced in this application and that I/we have seen the plans and I/we hereby confirm that the plans are in accordance with my/our needs and desires. I/We fully understand that should this plan be approved, no waivers to the construction approval will be allowed and that any change(s) will require a new submission, review and approval.



Water - Subsurface Onestop - Application Detail

Sunday, Sep. 13, 2026

[Return to Query](#)[Return to Results](#)

Work Number:	201201330
Status:	APPROVED FOR OPERATION
Application Type:	CONSTRUCTION
Approval Number:	CA2012108453
Owner Name:	JESSE & STACY SMITH TOWN OF NEWFIELDS
Site Street Address:	25 RUNAWAY ROAD NEWFIELDS
County:	ROCKINGHAM
Book / Page:	4831 / 2095
Map / Lot:	210 / 33-6, 210 / 45
Subdivision Name:	RIVERS REACH
Subdivision Approval Number:	1999001570
Designer:	ADAM FOGG DOVER, NH
Surveyor:	
Installer:	DANIEL MARSTON EPPING, NH
Approval Date:	5/1/2012
Operation Date:	5/30/2012
Do Not Backfill Date:	
Bedrooms:	4
Flow:	600
Approval Conditions	1. THIS APPROVAL IS VALID FOR 90 DAYS FROM DATE OF SAID APPROVAL, PER ENV-WQ 1003.22.
NHDES Reviewer:	Contact NHDES at 603-271-3501

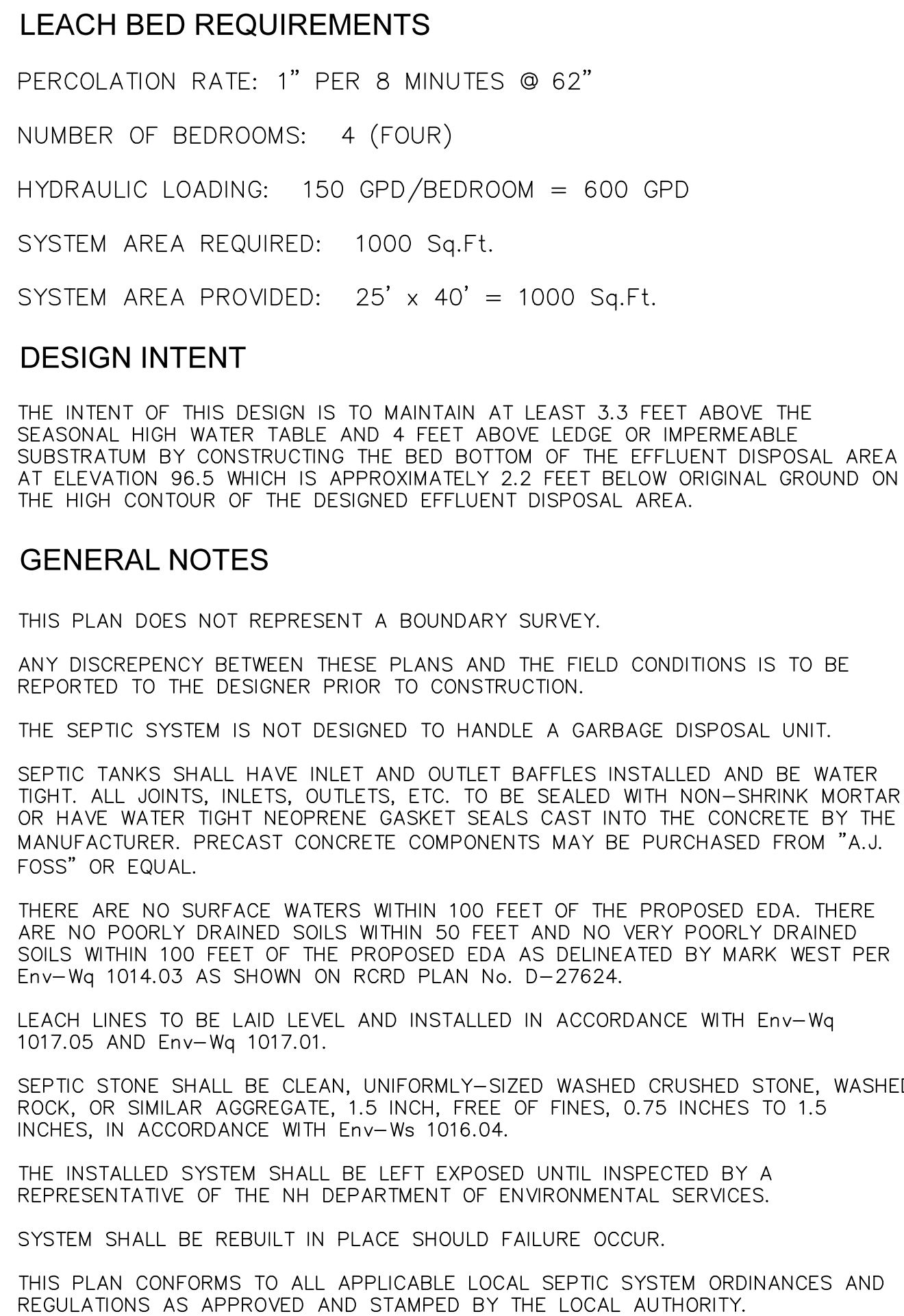
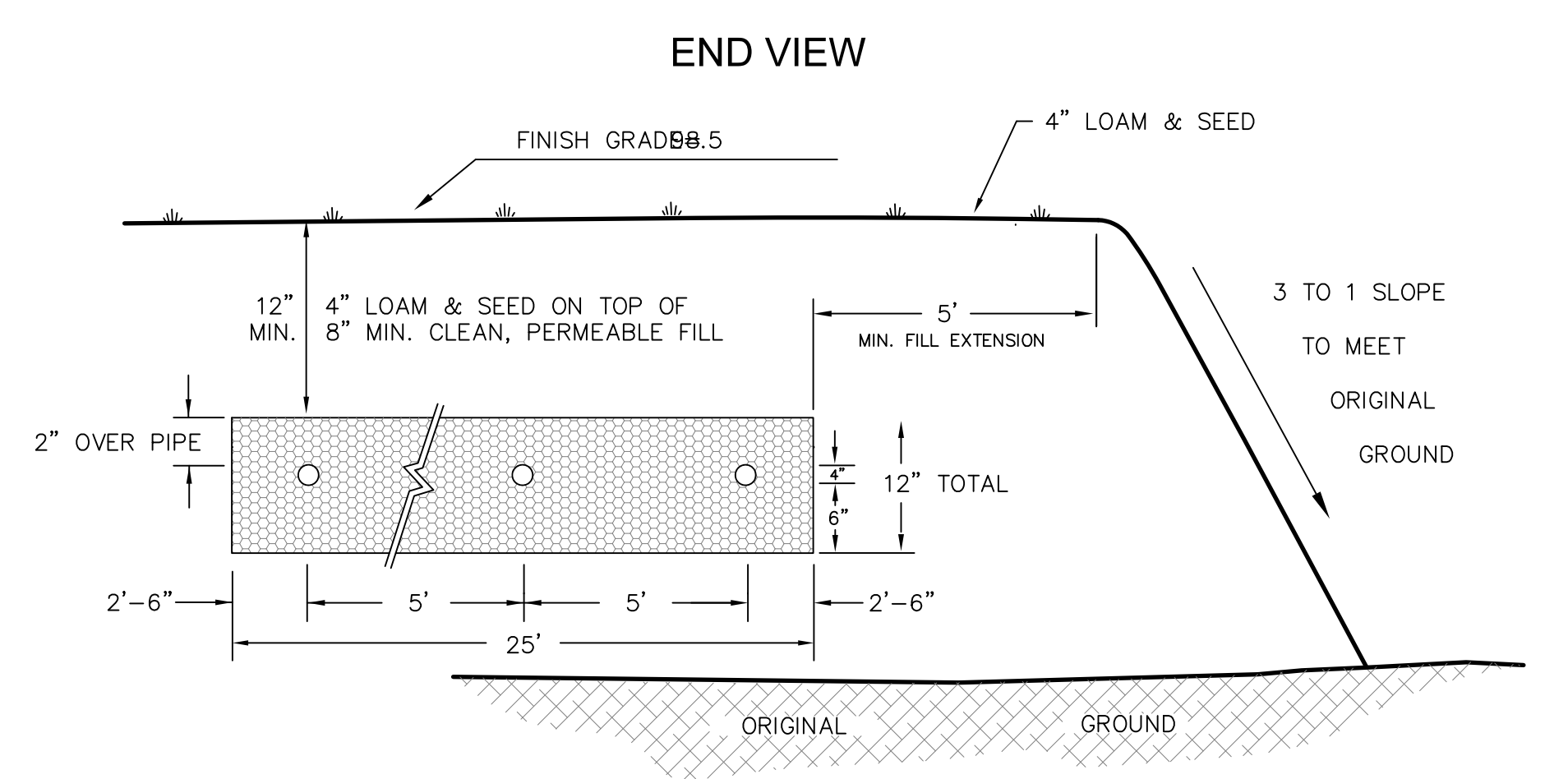
Application Documents:

If you are in need of accommodation with any of these files, please contact the NHDES reviewer listed above.**OneStop is currently experiencing a 2-3 day delay in uploading daily information to project files. If you push the "Select" button for a file that was uploaded today it may not be available to download for a couple of days. We appreciate your patience while we work to correct this issue.**

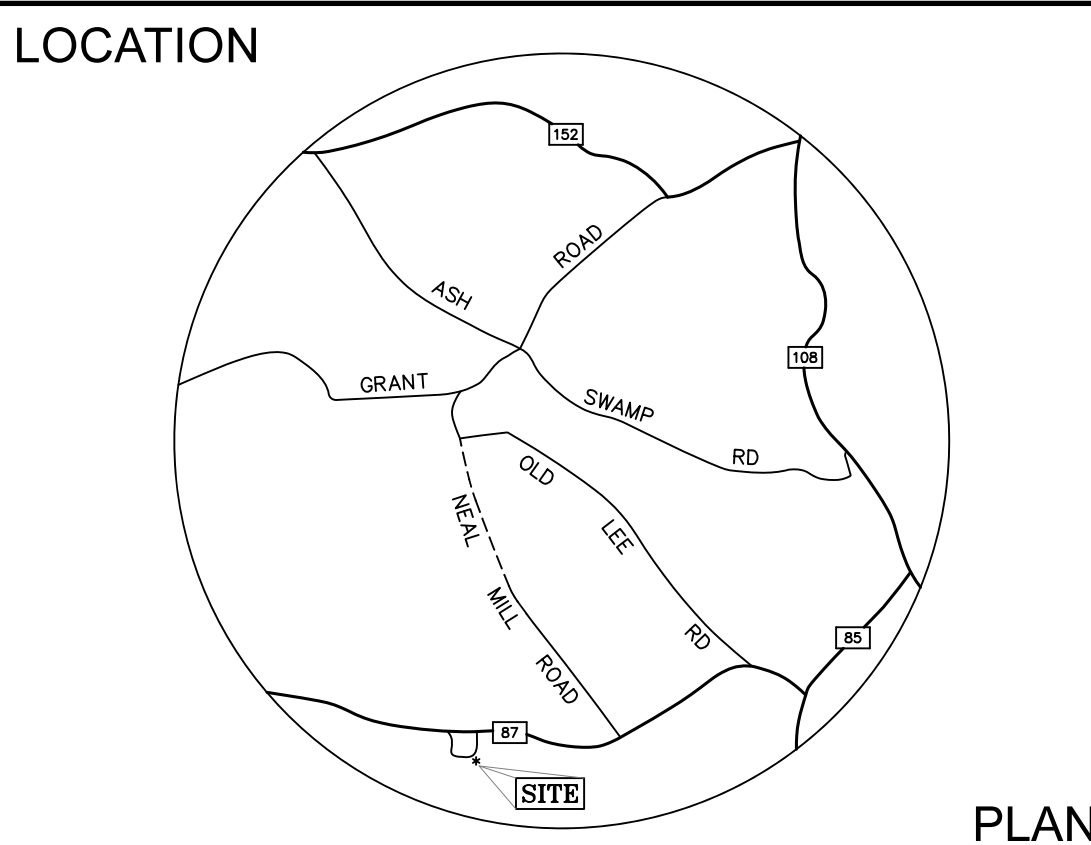
	Title	Date	Document Type	Size
Select	ISDS CONSTRUCTION APPROVAL	01-MAY-12	ISDS CONSTRUCTION APPROVAL	4.55

Total Documents Returned: 1

You will need a PDF reader in order to view any documents. You can download a free reader from [Adobe](#).



SOIL TYPE: 42B: Canton gravelly fine sandy loam
"Soil Survey of Rockingham County, New Hampshire" sheet 20



SUBSURFACE SEPTIC DESIGN
IN - FAILURE

OWNER: JESSE & STACY SMITH
25 RUNAWAY ROAD
NEWFIELDS, NH 03856

LOT ADDRESS: 25 RUNAWAY ROAD
NEWFIELDS, NH

SUBDIVISION: NHDES APPROVAL No. SA1999001570

TOWN INFO: TAX MAP 210, LOT 33-6 2.76 Ac

REGISTRY of DEEDS: ROCKINGHAM BOOK 4831, PAGE 2095

