

**TOWN OF MEREDITH, NEW HAMPSHIRE**

**REGULATIONS PERTAINING TO CERTAIN SUBSURFACE WASTEWATER  
DISPOSAL SYSTEMS IN THE LAKE WAUKEWAN WATERSHED**

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# **TOWN OF MEREDITH, NEW HAMPSHIRE**

## **REGULATIONS PERTAINING TO CERTAIN SUBSURFACE WASTEWATER DISPOSAL SYSTEMS IN THE LAKE WAUKEWAN WATERSHED**

### **Section 1. Authority**

New Hampshire Statutes- Title X Public Health

- RSA 128:5 Town Health Officers- Duties
- RSA 147:1 Nuisances; Toilets; Drains: Expectoration; Rubbish and Waste- Local Regulations
- RSA 147:8 Nuisances; Toilets; Drains: Expectoration; Rubbish and Waste- Toilets; Drains
- RSA 147:10 Nuisances; Toilets; Drains: Expectoration; Rubbish and Waste- Nuisances; When: Regulations

### **Section 2. General Purpose and Intent**

1. Protect the quality of the surface water in Lake Waukewan which is the drinking water supply for the Town of Meredith; and
2. Protect the quality of groundwater which is the drinking water supply for private wells; and
3. Protect public health through the prevention of human contact with sewage and related pathogens; and
4. Prevent nuisances relating to public health; and
5. Provide a proactive approach towards septic systems posing higher risk and significance of failure; and
6. Ensure the safety and adequacy of sanitary disposal systems.

### **Section 3. Applicability**

These regulations apply to sewage disposal systems or other means of on-site sewage or gray water disposal, including but not limited to discharges from dishwashers and laundry washing machines, located wholly or in part within 250' of the shoreline of Lake Waukewan within the Town of Meredith.

## **Section 4. Installation of Replacement Septic System Requirements**

Installation of replacement septic systems shall be required as follows:

1. In instances where there is a valid subsurface system design approval on file with the NH Department of Environmental Services and when a Building Permit Application includes a proposal to increase the number of bedrooms (either by adding bedrooms or converting rooms to additional bedrooms) that exceeds the number of bedrooms included in the NHDES subsurface system approval:
  - (A) the Building Permit Application shall include a valid NHDES Construction Approval for the additional number of bedrooms (loading); AND
  - (B) a valid NHDES Operational Approval for the additional number of bedrooms (loading) shall be required prior to the issuance of the associated Occupancy Permit.
  
2. In instances where there is no valid subsurface system design approval on file with the NH Department of Environmental Services and when a Building Permit Application includes a proposed expansion of the building that would either horizontally or vertically create or increase the area of living space,
  - (A) the Building Permit Application shall include a valid NHDES Construction Approval; AND
  - (B) a valid NHDES Operational Approval shall be required prior to the issuance of the associated Use and Occupancy Permit.
  
3. In instances where there is no valid subsurface system design approval on file with the NH Department of Environmental Services and when a Building Permit Application includes a proposed expansion of a building or new structure that would increase the area of lot coverage (e.g. new garage),
  - (A) the Building Permit Application shall include a valid NHDES Construction Approval.

## **Section 5. Septic System Evaluation and Certification Requirements**

In instances where there is no valid subsurface system design approval on file with the NH Department of Environmental Services, owners shall certify to the Health Officer that the existing septic system or other means of on-site disposal is not in failure as defined by NHDES in RSA 485-A: 2 IV.

The basis of the certification shall be a current, complete, written evaluation of the on-site disposal system or systems performed by a NH certified or licensed septic system evaluator. The written evaluation shall be on forms provided by the Town of Meredith found in Appendix 1 or a form by the certifying entity.

Upon adoption of these regulations, the Town of Meredith shall notify owners of property subject to Section 5.

Within 24 months of said notification, the current property owner shall submit the required evaluation and certification to the Health Officer, 41 Main Street, Meredith, New Hampshire 03253.

Subsequent to the initial certification, re-certifications to the Health Officer by the current owner shall be submitted every 5 years on or before the anniversary date of the initial certification.

The re-certification requirement ends upon the installation of a NHDES approved septic system with operational approval.

## **Section 6. Administration, Enforcement and Appeal**

These regulations shall be administered and enforced by the Meredith Health Officer.

Any appeals relating to the administration of this regulation shall be made to the Board of Selectmen.

## **Section 7. Violation and Penalty**

Any property owner found to be violating any provision of these regulations shall be served by the Health Officer with written notice stating the nature of the violation and providing a reasonable time limit for the satisfactory correction thereof.

Violations of these regulations may result in an assessment of civil penalties according to RSA 676:17 and the town may petition the Superior court for an injunction and an award of attorney fees.

## Section 8. Definitions

For purposes of the administration of these regulations, the following definitions shall apply:

1. **Health Officer-** shall mean the individual subject to the provisions of RSA 128:1-7.
2. **Failure-** as defined in RSA 485-A: 2 IV means the condition produced when a subsurface sewerage or waste disposal system does not properly contain or treat sewage or causes the discharge of sewage on the ground surface or directly into surface waters, or the effluent disposal area is located in the seasonal high groundwater table.
3. **Living Space-** enclosed space capable of being occupied including but not limited to kitchens, bathrooms, dens, bedrooms, living rooms, dining rooms, sun rooms, covered decks and covered porches with roofs. Living space does not include attics used for storage, crawl spaces and open decks and open porches without roofs.
4. **Permitted designer-** means an individual who holds a current authorization under RSA 483-A: 35, I, to design individual sewage disposal systems.


## Section 9. Certification of Approvals

The forgoing regulations were approved by William Edney, Health Officer and the Meredith Board of Selectmen on December 3, 2012.

  
Miller Lovett, Chairman

  
Nathan Torr, Vice Chairman

  
Peter Brothers

  
Herb Vadney


  
Carla Horne

  
William Edney, Health Officer

**Section 10. Certification of Recording, Publication and Posting**

The forgoing regulations were recorded with the Town Clerk on 1/4/2013.

The forgoing regulations were posted in the following two (2) public places: Town Hall and Post Office.

  
Kerri Parker, Town Clerk

## **APPENDIX 1. SEPTIC SYSTEM EVALUATION AND CERTIFICATION FORM**

The following form shall be used for purposes of meeting the requirements of Section 5 of the ordinance. This form shall be completed in its entirety by a NHDES permitted Septic System Designer. This form shall be signed by both the Septic Designer and the property owner.

### **PART 1. PROPERTY INFORMATION**

- A. Tax Map \_\_, Lot \_\_
- B. Street Address \_\_\_\_\_
- C. Owner's name \_\_\_\_\_
- D. Owner's mailing address \_\_\_\_\_
- E. How Long has the property been owned by the current owner \_\_\_\_\_
- F. Approx. Year Home built \_\_\_\_\_
- G. Year round or seasonal use (circle one)
- H. Total Number of Bedrooms \_\_\_\_\_
- I. Total Number of Bathrooms \_\_\_\_\_
- J. Laundry facilities on site (yes/no) \_\_\_\_\_
- K. Dishwasher on site (yes/no) \_\_\_\_\_
- L. Garbage disposal (yes/no) \_\_\_\_\_
- M. Source of water supply: dug well, drilled well, shared/community well, lake, bottled water (circle one)
- N. Gray Water system on site (yes/no) \_\_\_\_\_
- O. Outdoor Shower on site (yes/no) \_\_\_\_\_

## **PART 2. SYSTEM EVALUATION**

- A. Evaluators' name \_\_\_\_\_
- B. Evaluator's Address \_\_\_\_\_
- C. Evaluator's Telephone No. \_\_\_\_\_
- D. Evaluator's NHDES Septic Designer Permit No. \_\_\_\_\_
- E. Date of the on-site evaluation \_\_\_\_\_
- F. Type(s) of Effluent Disposal Systems (EDS): Leach bed, trenches, drywell, cesspool, other (circle all that apply)
- G. Age of Effluent Disposal Systems \_\_\_\_\_
- H. Is gray water (i.e. residential wastewater other than from a urinal or toilet) disposed on-site? (yes/no) \_\_\_\_\_
- I. Age of tank: \_\_\_\_\_
- J. Capacity of tank: \_\_\_\_\_
- K. Type of tank: \_\_\_\_\_
- L. Is the tank accessible? (yes/no) \_\_\_\_\_
- M. When was the tank last pumped? \_\_\_\_\_
- N. Conduct a visual inspection of the tank. Based on the visual inspection:
1. Does the combined thickness of the sludge and surface scum equal 1/3 or more of the tank depth?
  2. Does tank need to be pumped?
  3. Are there any cracks, leaks or other defects? Yes-No? If yes, please describe:
  4. Is there any seepage visible? Yes-No? If yes, please describe:



5. Are any muddy areas visible? Yes-No? If yes, please describe:

6. Is there any lush vegetation? Yes-No? If yes, please describe:

O. The seasonal high water table (SHWT) in the area of the effluent disposal system shall be determined in the field and in accordance with NH Code of Administrative Rules Env-Wq 1006.05 Test Pit Soil Description. A test pit shall be dug (by machine or manually) adjacent to the EDS to a depth sufficient to determine/ estimate the distance from the bottom of the EDS to the seasonal high water table. Care should be taken not to cause harm to the EDS during soil testing. (Once the SHWT is determined as required by these regulations and accepted by the Town of Meredith, subsequent re-certifications will not require soil testing to be repeated for this purpose.)

P. Seasonal High Water Table in the area adjacent to the effluent disposal system: \_\_\_\_\_ inches. Attach test pit log.

Q. Estimate the bottom elevation of the effluent disposal system. Is the bottom of the effluent disposal system located in the seasonal high groundwater table? Yes-no (circle one).

R. Conduct a complete walk over of the Effluent Disposal System and any gray water disposal facilities. Based on the walk over:

1. Were any unpleasant odors observed? Yes-No? If Yes, Please describe:

2. Is there any evidence that EDS area has been travelled or parked upon or physically disturbed? Yes-No. If yes, please describe:

3. Is the disposal area free of encroachments such as decks, trees, driveways, accessory buildings and landscaping that may disrupt the system? Yes-No? If No, please describe:

4. Does the grading near and around the disposal area promote run-off of rainwater away from the system and prevent ponding? Yes-No? If No, please describe:

5. Is drainage from roofs, footing drains and ditches and swales diverted away from the system? Yes-No? If No, please describe:

6. Is there evidence of soil erosion on or near the EDS? Yes-No? If Yes, Please describe:
  
7. Is there any seepage visible? Yes-No? If Yes, Please describe:
  
8. Are any muddy areas visible? Yes-No? If Yes, Please describe:
  
9. Is there any lush vegetation? Yes-No? If Yes, Please describe:
  
10. Are there any other signs of EDS stress or failure? Yes-No? If Yes, Please describe:
  
11. Is there any evidence or reported history of the system backing up into the home?

### **PART 3. PLOT PLAN**

A Plot Plan shall accompany this evaluation. The Plot Plan does not need to be prepared by a surveyor, however, the plot plan shall be drawn to scale and all required dimensions need to be field verified and labeled accurately. The Plot Plan shall be a minimum 8 ½ inch by 11 inch in size and shall include the following minimum information:

1. Owners name and address
2. Town of Meredith Tax Map and Lot No. information
3. Date of Plot Plan
4. Scale
5. Preparer's name and his/her NHDES Designer's Permit No.
6. Location of all buildings
7. Location of well/water supply
8. Location of surface waters (including lakes, ponds, perennial and seasonal streams)
9. Location of wetlands
10. Location of septic system features (tank, pumps, effluent disposal system)
11. Location of any gray water disposal facilities
12. Indicate distances from buildings to surface water and wetlands
13. Indicate distances from EDS to surface waters and wetlands
14. Indicate distance form EDS to water supply

15. Location of all test pits relied upon in determining the seasonal high water table in relation to the bottom of the effluent disposal system (Include the test pit log with SHWT indicated either on the plot plan or as a separate attachment.

**PART 4. EVALUATOR'S COMMENTS AND RECOMMENDATIONS**

**PART 5. CERTIFICATIONS**

I \_\_\_\_\_, a NHDES permitted designer in good standing, has conducted an on-site evaluation of the premises indicated in Part 1. I do hereby certify: (1) that the information contained in this Evaluation is accurate to the best of my knowledge, (2) to the best of my knowledge and professional judgment, the effluent disposal system supporting the above referenced property is:

NOT IN FAILURE

IN FAILURE

as defined in RSA 485-A: 2 IV as of the date of the on-site evaluation noted above, and (3) I have provided a copy of this report to the property owner identified in Part 1.

\_\_\_\_\_  
Evaluator's Signature

Date: \_\_\_\_\_

Print name \_\_\_\_\_

I \_\_\_\_\_, being the property owner of the property identified in Part 1 do hereby certify that I have received a copy of this evaluation.

\_\_\_\_\_  
Owners Signature

Date: \_\_\_\_\_

Print name \_\_\_\_\_