

**OWNER'S CERTIFICATION of NEGATIVE IMPACT of MINOR CONSTRUCTION
of
WELLS AND SEPTIC SYSTEMS**

For **minor building projects** noted in "Board of Health Regulations – Appendix A" which do not require certification of proper operation nor upgrading of the existing septic system, the option is provided, via this form, for the applicant to provide signed certification that the proposed project has no impact on any existing well or septic system.

Property address: _____
Type or Print

Project description: _____
Type or Print

Property Owner(s): _____
Type or Print

(1.) I know the true and accurate location of all wells on the property and location of all water piping from the well(s) to the building(s) served by the well(s)

AND

No part of the proposed project is closer than 10' (ten feet) to the well nor is it over any part of the piping.

OR

This project has NO impact outside the existing building foundation(s).

(2.) I know the true and accurate location of all parts of the septic system(s) on the property

AND

No part of the proposed project foundation is within 20' (twenty feet) of the leaching field or cesspool, closer than 10' (ten feet) to the septic tank, nor over any other part of the septic system.

OR

This project has NO impact outside the existing building(s) foundation.

(3.) This project does not include the installation of an ejector pump, a garbage grinder, a water treatment system, nor any new or additional equipment discharging water to the sanitary drain.

(4.) The construction activity of this project will not involve any vehicular traffic over any part of the well(s) and/or septic system(s).

I do hereby state that I know that the above statements #1 - #4 are true and accurate

AND

Should the truth and accuracy of the above information be in error as regards this project, I do hereby take complete responsibility for any consequences of such errors.

Owner's signature: _____ Date: _____

[The Owner's signature shall be witnessed by one of the following: a member of the Board of Health staff, the Town Building Commissioner, or a member of the Select Board's office staff. A Contractor SHALL NEITHER SUBMIT NOR SIGN this form on behalf of the owner.]

Witness' signature: _____ Date: _____

Submit completed form to the Board of Health