PERMIT NUMBER DATE: _____

SANDOWN, NH

TOWN HALL
PO BOX 1756
SANDOWN, NH 03873

603-887-3646

SEPTIC PERMIT
WELL INSTALLATION

PROPERTY ADDRESS _____

OWNER _____

MAP / LOT # _____

DES # .....

DESIGNER NAME & # .....

INSTALLER NAME & # .....

ADDRESS .....

PHONE # .....

TEST PIT ($70.00 MIN) ($30.00 EACH ADDT'L) .....

TOWN REVIEW @ $40.00/UNIT ($80.00 FOR 5 OR MORE UNITS) .....

INSTALLATION @ $70.00 ($110 FOR 5 OR MORE UNITS) .....

REINSPECTION @ $50.00 .....

WELL @ $75.00 .....

TOTAL .....

HEALTH OFFICER: 887-2458

WHITE - Applicant **CANARY** - File **PINK** - Inspector **GOLD** - Treasurer's Copy