



TOWN OF  
NEW LONDON, NEW HAMPSHIRE

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375 MAIN STREET • NEW LONDON, NH 03257

**Property Owner Information**

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

**Property Owner Name(s):** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Tax Map/Lot Number:** \_\_\_\_\_

**Waiver #:** \_\_\_\_\_ (assigned by staff)

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**Request for Waiver**

I/We, the undersigned property owner(s), hereby request a waiver from the Town of New London's Septic System Pumping Requirement.

**Important:** No waiver will be approved without proof of prior septic pumping (receipt or documentation).

**Commercial properties and residential rentals, in any capacity, are not eligible for a waiver.**

If approved, the waiver will allow the required septic pumping interval to be extended for **six (6) years from the date of the most recent documented pumping receipt** on file with the Town of New London.

Approval of this waiver is at the discretion of the Town and may be reviewed by the Board of Selectmen or their designee.

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## Property Use Information

Please answer the following questions and **circle one**.

1. **Are there fewer occupants than bedrooms in the residence?**  
Yes    No    N/A
2. **Is the residence used on a seasonal or intermittent basis?**  
Yes    No    N/A
3. **Is the residence used at high capacity at any time during the year?**  
Yes    No    N/A
4. **Is the property rented in any capacity? (If yes, the property is not eligible for a waiver.)**  
Yes    No    N/A

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## Owner Certification

I certify that the information provided in this waiver request is accurate to the best of my knowledge. I understand that the granting of a waiver is at the discretion of the Town of New London and that additional documentation may be required.

If this waiver is approved, I understand that the next septic pumping receipt will be due **six (6) years from the date of the most recent pumping receipt submitted to the Town.**

**Owner Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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

*If an agent is signing on behalf of the property owner, written authorization from the property owner must be provided.*

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**Town Use Only**

**Date Received:** \_\_\_\_\_

**Review**

- Board of Selectmen
- Health Officer (Designee)

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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**Decision**

- Approved
- Denied

**Conditions (if any):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Decision if Denied:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Next Pumping Receipt Due:** \_\_\_\_\_