

No. \_\_\_\_\_

FEE \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS

Board of Health, \_\_\_\_\_, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) - ☐ Complete System ☐ Individual Components

Location	Owner's Name
Map/Parcel#	Address
Lot#	Telephone#
Installer's Name	Designer's Name
Address	Address
Telephone#	Telephone#

Type of Building \_\_\_\_\_ Lot Size \_\_\_\_\_ sq. ft.

Dwelling - No. of Bedrooms \_\_\_\_\_ Garbage grinder ( ) \_\_\_\_\_

Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( ) \_\_\_\_\_

Other Fixtures \_\_\_\_\_

Design Flow (min. required) \_\_\_\_\_ gpd Calculated design flow \_\_\_\_\_ Design flow provided \_\_\_\_\_ gpd

Plan: Date \_\_\_\_\_ Number of sheets \_\_\_\_\_ Revision Date \_\_\_\_\_

Title \_\_\_\_\_

Description of Soil(s) \_\_\_\_\_

Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

DESCRIPTION OF REPAIRS OR ALTERATIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Inspections

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Board of Health, \_\_\_\_\_, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: ☐ Individual Component(s) ☐ Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

by: \_\_\_\_\_

at \_\_\_\_\_

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. \_\_\_\_\_, dated \_\_\_\_\_, Approved Design Flow \_\_\_\_\_ (gpd)

Installer

Designer: \_\_\_\_\_ Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

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COMMONWEALTH OF MASSACHUSETTS

Board of Health, \_\_\_\_\_, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at \_\_\_\_\_ as described in the application for

Disposal System Construction Permit No. \_\_\_\_\_, dated \_\_\_\_\_.

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.