

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 place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

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

Inspections \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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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.