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 _____

_____

_____

No. _____ FEE _____

COMMONWEALTH OF MASSACHUSETTS

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.

No. _____ FEE _____

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.

Form 1255 Rev. 5/96 A.M. Sulkin Co. Charlestown, MA

Date _____ Board of Health _____