

No. A

FEE

COMMONWEALTH OF MASSACHUSETTS

Board of Health, EASTON , 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 ABANDONMENT - Connected to Municipal Sewer System

 OPTION 1 - Excavated and removed

 OPTION 2 - Opened or ruptured and filled with clean sand or other suitable material approved by BOH

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 _____

Date: _____ Inspector: _____

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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.