

No. _____ **THE COMMONWEALTH OF MASSACHUSETTS** FEE _____
BOARD OF HEALTH

OF _____

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. feet
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 _____ gpd Design flow provided _____ gpd
Plan: Date _____ Number of sheets _____ Revision Date _____
Title _____
Description of Soil(s) _____ Name of Soil Evaluator _____ Date of Evaluation _____
Soil Evaluator Form No. _____
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 not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed _____ Date _____

Inspections _____

FORM 1 - APPLICATION FOR DSCP DEP APPROVED FORM 5/96

No. _____ **THE COMMONWEALTH OF MASSACHUSETTS** FEE _____
BOARD OF HEALTH

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 certificate shall not be construed as a guarantee that the system will function as designed.
FORM 3 - CERTIFICATE OF COMPLIANCE DEP APPROVED FORM 5/96

No. _____ **THE COMMONWEALTH OF MASSACHUSETTS** FEE _____
BOARD OF HEALTH

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.

Date _____ Board of Health _____

FORM 2 - DSCP DEP APPROVED FORM 5/96