

No. _____ OF _____ FEE _____

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

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 _____
 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) _____
 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 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