

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

THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF HEALTH

Fee \_\_\_\_\_

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  
 Plans 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 \_\_\_\_\_ Date \_\_\_\_\_  
Designer: \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_, dated \_\_\_\_\_, in the application for Disposal System Construction Permit No. \_\_\_\_\_ as described

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