

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) _____
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

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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