

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

**THE COMMONWEALTH OF MASSACHUSETTS**  
**BOARD OF HEALTH**

FEE \_\_\_\_\_

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: \_\_\_\_\_

Dwelling — No. of Bedrooms \_\_\_\_\_

Other — Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_

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**