

Application # \_\_\_\_\_

Fee \$75.00



# Commonwealth of Massachusetts

Board of Health  
West Stockbridge, MA 01266

## Application for a 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 \_\_\_\_\_ square feet  
Dwelling – No. of Bedrooms \_\_\_\_\_ Garbage Grinder \_\_\_  
**Other** – Type of Building \_\_\_\_\_ No. of Persons \_\_\_\_\_  
Shower \_\_\_ Cafeteria \_\_\_ Other Fixtures \_\_\_\_\_

Design Flow (minimum required) \_\_\_\_\_ gpd Calculated Design Flow \_\_\_\_\_ gpd  
Design Flow Provided \_\_\_\_\_ gpd

**Plan:** Date \_\_\_\_\_ Number of Sheets \_\_\_\_\_ Revision Date \_\_\_\_\_  
Title \_\_\_\_\_

Descriptions of Soil(s) \_\_\_\_\_  
Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator \_\_\_\_\_  
Date of Soil 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.*

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_