

NO: _____

FEE: _____

COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
NATICK, MA 01760

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. ft.

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 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.

Signed _____ Date _____

Inspections _____
