

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

Fee \$125.00

# Commonwealth of Massachusetts

Board of Health  
Lanesborough, MA 01237

## 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**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_