

Application # _____

Fee _____

Commonwealth of Massachusetts

Board of Health
North Adams, MA 01247

Application for a Disposal System Construction Permit

Application for a permit to: Construct X Repair X Upgrade X Abandon X
Complete System X Individual Components X

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 X
 Other – Type of Building _____ No. of Persons _____
 Shower X Cafeteria X 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 V 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 _____
