

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

Fee \_\_\_\_\_

**COMMONWEALTH OF MASSACHUSETTS**  
*Board of Health, Orleans, MA*

**APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT**

Application for a Permit to Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) -  Complete System  Individual Component

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 \_\_\_\_\_  
Other Fixtures \_\_\_\_\_

Lot Size \_\_\_\_\_ sq. ft.  
Garbage Grinder ( ) Yes ( ) No  
No of Persons \_\_\_\_\_ Shower ( ) Cafeteria ( )

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEP APPROVED FORM 5/96

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*Board of Health, Orleans, MA*  
**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 permit shall not be construed as a guarantee that the system will function as designed.

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**COMMONWEALTH OF MASSACHUSETTS**  
*Board of Health, Orleans, MA*  
**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 \_\_\_\_\_