

## COMMONWEALTH OF MASSACHUSETTS

Plainville Board of Health

Date Rec'd \_\_\_\_\_

Permit Number

Fee \_\_\_\_\_

## Application for Disposal System Construction Permit to

Construct  Repair  Upgrade  Abandon  Complete System  Individual Components

Location	Owner's Name	
Map/Parcel/Builders lot#	Address	
	Phone	E:mail
Installer's Name	Designer's Name	
Address	Address	
Phone	Phone	
E:mail	E:mail	

Type of Building \_\_\_\_\_ Lot Size \_\_\_\_\_ sq.ft.

Dwelling – Number of Bedrooms \_\_\_\_\_ Garbage Grinder Yes  No 

Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Shower ( ) 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 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 the Plainville Board of Health Regulations and further agrees to not place the system in operation until a Certificate of Compliance has been issued by the Board of Health.*

Installers Signature \_\_\_\_\_ Date \_\_\_\_\_

## COMMONWEALTH OF MASSACHUSETTS

Plainville Board of Health

Date Rec'd \_\_\_\_\_

Permit Number

## Disposal System Construction Permit

Fee \_\_\_\_\_

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 \_\_\_\_\_

Provided: Construction shall be completed within three (3) years of the date of this permit. All conditions must be met.

Date \_\_\_\_\_ Board of Health \_\_\_\_\_

## COMMONWEALTH OF MASSACHUSETTS

Plainville Board of Health

Date Rec'd \_\_\_\_\_

Permit Number

## Certificate of Compliance

Fee \_\_\_\_\_

The undersigned hereby certify that the sewage disposal system Constructed  Repaired  Upgraded  Abandoned  by \_\_\_\_\_ at \_\_\_\_\_

as described in the application and permit# \_\_\_\_\_ dated \_\_\_\_\_ approved design flow \_\_\_\_\_ gpd

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans.

Installers signature \_\_\_\_\_ Designer signature \_\_\_\_\_

Board of Health \_\_\_\_\_ Date \_\_\_\_\_

Inspections: \_\_\_\_\_

The issuance of this certificate of compliance shall not be construed as a guarantee that the system will function as designed.