Commonwealth of Massachusetts
City/Town of
Application for Disposal System Construction Permit
Form 1A

Number
_____

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DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

Application is hereby made for a permit to:
- ☐ Construct a new on-site sewage disposal system
- ☐ Repair or replace an existing on-site sewage disposal system
- ☐ Repair or replace an existing system component

1. Location of Facility:

_____
Address or Lot #

_____   _____   _____
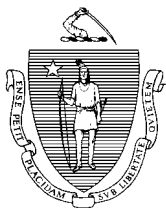City/Town   State   Zip Code

2. Owner Information

_____
Name

_____
Address (if different from above)

_____   _____   _____
City/Town   State   Zip Code

_____
Telephone Number

3. Installer Information

_____   _____
Name   Name of Company

_____
Address

_____   _____   _____
City/Town   State   Zip Code

_____
Telephone Number

4. Designer Information

_____   _____
Name   Name of Company

_____
Address

_____   _____   _____
City/Town   State   Zip Code

_____
Telephone Number

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Form 1A

A. Facility Information (continued)

5. Type of Building:

    ☐ Dwelling

    ☐ Garbage Grinder (check if present)

    Other: Type of Building _____

    Number of Persons Served

    ☐ Showers

    Number of showers

    ☐ Cafeteria   ☐ Other fixtures

    Specify other fixtures: _____

6. Design Flow:

    Gallons per Day

    Calculated Daily Flow:

    Gallons

7. Plan:

    Date of Original

    _____
    Number of Sheets

    Revision Date

    _____
    Title of Plan

8. Description of Soil:

9. Nature of Repairs or Alterations (if applicable):

10. Date last inspected:

    Date

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B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforedescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

_____   _____
Signature   Date

Application Approved By:

_____   _____
Name   Date

Application **Disapproved** for the following reasons:

_____

_____

_____