

No. _____

FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Yarmouth, MA

APPLICATION FOR 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 _____ sq. ft.

Dwelling – No. of Bedrooms _____ Garbage grinder ()

Other – Type of Building _____ No. of persons _____ Showers (), Cafeteria ()

Other Fixtures _____

Design Flow (min. required) _____ gpd Calculated design flow _____ 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 to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed _____ Date _____

Inspections _____

No. _____

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CERTIFICATE OF COMPLIANCE

Description of Work: Complete System Individual Components

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, Yarmouth, 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 _____.

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

Date _____ Board of Health _____