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

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

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:

<table>
<thead>
<tr>
<th>Address or Lot #</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/Town</td>
<td></td>
<td></td>
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</tbody>
</table>

2. Owner Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Address (if different from above)</th>
<th>City/Town</th>
<th>State</th>
<th>Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

3. Installer Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Name of Company</th>
<th>City/Town</th>
<th>State</th>
<th>Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
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4. Designer Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Name of Company</th>
<th>City/Town</th>
<th>State</th>
<th>Zip Code</th>
<th>Telephone Number</th>
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Number

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Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.
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Form 1A

A. Facility Information (continued)

5. Type of Building:
   - [ ] Dwelling
   - [ ] Garbage Grinder (check if present)
   - [ ] Number of Persons Served
   - [ ] Type of Building
   - [ ] Number of showers
   - [ ] Cafeteria
   - [ ] Other fixtures
   - Specify other fixtures:

6. Design Flow:
   - Calculated Daily Flow:
     - 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
B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforesaid 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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________