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

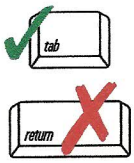
Number

$350.00
Fee

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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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:

_____

_____

_____