



No. _____

Fee _____

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF ACTON

Application for Disposal Works Construction Permit

Application is hereby made for a Permit for New Construction () ; Increase Flow () ; or to make Repairs () to an Individual Sewage Disposal System.

If this is a permit for a repair, are you only replacing the distribution box _____

Are you using I/A Technology: Yes () or No ()

If Yes – Type: _____

MA DEP Approval Status: General () Remedial () Pilot () or Provisional ()

Please note there is an additional fee of \$75.00 for I/A Use Technology

.....
Location - Address or Lot No.

.....
Owner Address

.....
Installer Address

.....
Designer/Engineer Address

Dwelling - No. of Bedrooms according to BOH records Size Lot.....sq. ft.

Garbage Grinder () Expansion Attic ()

Other – Type or Use of Building No. of Persons Showers () - Cafeteria ()

Other Fixtures

Design Flow gallons per day. Total daily flow gallons.

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Acton Board of Health.

Applicant's Signature _____ Date: _____

Note: Failure to complete this form in its entirety will constitute an incomplete application and will result in an additional filing fee.

