

Application Number: _____

FEES
Complete System - \$250
SAS - \$150, Tank - \$75,
D-Box - \$50

Commonwealth of Massachusetts
Town of Williamstown
Application for a Disposal System Construction Permit

Application for a permit to: Construct Repair Upgrade Abandon
 Complete System Individual Components

Location Address		Owner's Name	
Map/Parcel Number		Address	
Lot Number		Telephone Number	
Installer's Name		Designer's Name	
Address		Address	
Telephone Number		Telephone Number	
E-mail Address		E-mail Address	

Type of Building _____ Lot Size _____ square feet
Dwelling - Number of Bedrooms _____ Garbage Grinder? Yes No
Other - Type of Building _____ Number of Persons _____
 # Showers _____ Cafeteria Other Fixtures _____
Design Flow - Min. Required _____ gpd Calculated Design Flow _____ gpd
Design Flow - Provided _____ gpd

PLAN(S)

Date _____ Number of Sheets _____ Revision Date _____
Title of Plan _____
Description of Soils _____
Date of Last Inspection _____
Soil Evaluator Form Number _____ Name of Soil Evaluator _____
Date of Soil Evaluation _____
Description of Repairs or Alterations _____

The undersigned agrees to install the above described individual Sewage Disposal System in accordance with the provisions of *310 CMR 15.000 The State Environmental Code, Title 5: Standard Requirements for the Siting, Construction, Inspection, Upgrade and Expansion of On-site Sewage Treatment and Disposal Systems and for the Transport and Disposal of Septage*, and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Date of Application

Signature of Applicant