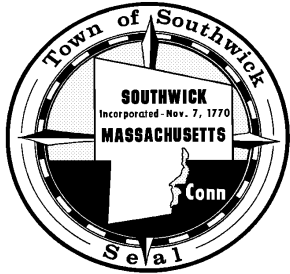


PERMIT # _____ FEE _____ DATE RECEIVED _____ CHECK # _____



Board of Health
Town of Southwick
454 College Highway, Southwick, MA 01077
Phone (413) 569-1212
Fax (413) 569-5284

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct () Repair () Abandon () - • Complete System • Individual Components

Location	Owners' 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 _____ gpd 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 not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed _____ Date _____

Inspections _____

No. _____ Fee _____

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, that the On-site Sewage Disposal System installed () or repaired/replaced () on _____
by: _____ for _____
at _____ has been constructed in accordance with the provisions of 310
CMR 15.00 (Title 5) and for the Disposal System Construction Permit No. _____ dated _____. Use of
this system is conditioned on compliance with the provisions set forth
below: _____

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed. This
certificate expires on _____
Inspected by _____ Date _____

No. _____ Fee _____

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 _____