

No. _____ Fee _____

THE COMMONWEALTH OF MASSACHUSETTS TOWN OF CHATHAM BOARD OF HEALTH
Application for Disposal System Construction Permit

Application is hereby made for a Permit to Construct or Repair an Individual Sewage Disposal System at

Location - Address _____

or Lot No. _____

Owner _____

Address _____

Installer _____

Address _____

Designer _____

Address _____

Type of Building _____

Dwelling - No. of Bedrooms _____

Expansion Attic

Garbage Grinder

Other - Type of Building _____

No. of persons _____

Showers _____

Catereria

Other Fixtures _____

Design Flow _____ gallons per day. Calculated daily flow _____ gallons.

Revision Date _____

Plan: Date _____

Number of sheets _____

Title _____

Type of System _____

Trench

Field

Galley

Tank

Description of Soil _____

Nature of Repairs or Alterations (answer when applicable) _____

Date last inspected _____

AGREEMENT

PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE.

The undersigned agrees to ensure the construction and maintenance of the aforescribed 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.

Signed _____

Date _____

Application Approved by _____

Date _____

Application Disapproved for the following reasons _____

Permit No. _____

Date Issued _____

Date _____

THE COMMONWEALTH OF MASSACHUSETTS TOWN OF CHATHAM BOARD OF HEALTH
Certificate of Compliance

This is to Certify, that the On-Site Sewage Disposal System installed or repaired/replaced on date _____

by _____ for _____

at _____

has been constructed in accordance with the provisions of Title 5 and for the Disposal System Construction Permit No. _____ dated _____ The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

Date _____

Inspector _____

No. _____

Fee _____

THE COMMONWEALTH OF MASSACHUSETTS TOWN OF CHATHAM BOARD OF HEALTH
Disposal System Construction Permit

Permission is hereby granted to _____ to construct or repair an On-site Sewage System located at _____

and as described in the above Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions (_____ bedrooms) _____

All construction must be completed within one year of the date below.

Date _____

Approved by _____

Board of Health

PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE.

CHECK OR FILL IN WHERE APPLICABLE