



**Town of Middleton**  
 Board of Health  
 195 North Main Street  
 Middleton, Massachusetts 01949  
 978-777-1869  
 FAX: 978-774-0718  
 www.townofmiddleton.org



**Public Health**  
 Prevent. Promote. Protect.

Permit #: \_\_\_\_\_ Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

**APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT**

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

Location	Owner's Name
Map/Parcel#	Address
Lot#	Telephone #
Installer's Name	Designer's Name
Address	Address
Telephone #	Telephone #

Type of Building: \_\_\_\_\_ Lot Size \_\_\_\_\_ sq. ft.  
 Dwelling—Number of Bedrooms \_\_\_\_\_ Garbage grinder (Not Allowed) Grease Trap: Y / N Size: \_\_\_\_\_  
 Other—Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ) Cafeteria ( )  
 Other Fixtures \_\_\_\_\_ Total # of Habitable Rooms (per Title 5) \_\_\_\_\_  
 Domestic Well: Y / N Irrigation Well: Y / N

Design Flow (min. required) \_\_\_\_\_ gpd Calculated design flow \_\_\_\_\_ 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 \_\_\_\_\_  
 Innovative/Alternative System: Y / N O&M Plan Required: Y / N Shared System: Y / N Pressure System: Y / N (Dosing/Distr.)

DESCRIPTION OF PROPOSED SYSTEM, REPAIRS, ALTERATIONS: \_\_\_\_\_

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Inspections \_\_\_\_\_

DEP APPROVED FORM 5/96

No. \_\_\_\_\_ Fee \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS  
 Board of Health, Middleton, MA  
**CERTIFICATE OF COMPLIANCE**

Description of Work:  Individual Component(s)  Complete System  Asbuilt Received

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

by: \_\_\_\_\_ at \_\_\_\_\_

Has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. \_\_\_\_\_ dated \_\_\_\_\_. Approved Design Flow \_\_\_\_\_(gpd)

Installer \_\_\_\_\_

Designer: \_\_\_\_\_ Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

The issuance of this permit shall not be construed as a guarantee that the system will function as designed.  
 DEP APPROVED FORM 5/96

No. \_\_\_\_\_ Fee \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS  
 Board of Health, Middleton, MA  
**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 \_\_\_\_\_

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