

Community Name
TITLE 5 PERMIT APPLICATION_{CIS}

*No person may install or work on an onsite septic system without a current Board of Health (BOH) permit or license.
 Permits are may NOT be transferrable and are only valid for one year unless otherwise stated. *Required Information.*

<input type="checkbox"/> New Application <input type="checkbox"/> Revised Application (date of previous application _____)
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BUSINESS CONTACT INFORMATION

Note: Any changes to the plans must first be approved by the BOH and the Engineer. A new installer requires a Revised Application and filing fee.

*Applicant/Requester	*Property Owner
*Business Name	*Site Address
*Mailing Address	Assessor Map/Lot #
*Phone Fax	*24/7 Contact Person
*E-mail	*24/7 Phone

FACILITY/LOT INFORMATION

*Type of Operation to be served	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Food Establishment <input type="checkbox"/> Commercial/Office <input type="checkbox"/> Industrial <input type="checkbox"/> Farm <input type="checkbox"/> Kennel <input type="checkbox"/> Hair Salon <input type="checkbox"/> Other: Describe _____				
*Lot Size in Acres	Lot in sq. ft.	*# of Housing Units	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8+		
*Drinking Water	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> None	<input type="checkbox"/> Drilled <input type="checkbox"/> Dug <input type="checkbox"/> Spring/other	<input type="checkbox"/> Distance to proposed SAS _____	*# of Bedrooms	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8+
				Garbage Grinder	<input type="checkbox"/> No <input type="checkbox"/> Yes Grease Trap: <input type="checkbox"/> No <input type="checkbox"/> Yes
*Sewage Disposal	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> None	<input type="checkbox"/> Tank/SAS <input type="checkbox"/> Cesspool <input type="checkbox"/> Other	# Tanks	*Hazardous Flows	<input type="checkbox"/> No <input type="checkbox"/> Yes, Describe:
			Gal/day:	Other, Describe	
BOH Hearing Request	<input type="checkbox"/> Hearing requested: SAS less than 100 ft. to neighboring well			<input type="checkbox"/> Date Letter Sent to all Abutters: __	
Other Hearing Req.	<input type="checkbox"/> Other Hearing requested, describe:				
Wetlands and Wetlands Buffer Zone	<input type="checkbox"/> Conservation Commission (ConCom) approval requested for work or travel across or within 100 feet of a Wetlands			<input type="checkbox"/> ConCom Approval Date: __	
River or Stream	<input type="checkbox"/> ConCom approval requested for work within 200 feet of a Stream			<input type="checkbox"/> ConCom Approval Date: _	
Protected Area	<input type="checkbox"/> ConCom approval requested for work within 500 feet of a Watershed, Public Water Supply, Landfill, etc.			<input type="checkbox"/> ConCom Approval Date: _	
Flood Plain	<input type="checkbox"/> May require ConCom, Building and other approvals			<input type="checkbox"/> Other Approval Date: _	

DISPOSAL WORKS CONSTRUCTION PERMIT (ONSITE SEPTIC SYSTEM) FORM

Note: Applications for both new and upgraded septic systems must complete this Form. Installer must phone/email the Board of Health and Designer/Engineer at least 24 hours before beginning construction. Any changes to the plans must first be approved by both BOH and Designer.

*System Address:	*Property Map	<input type="checkbox"/> Plan attached stamped by engineer, surveyor, RS shows all perc and design data, wells, septic systems, buildings, wetlands within 200 feet.			
*Designer/Engineer:	*Plan #:	*Date:			
*Soil Evaluation Date:	*Perc Date:	*ESHG:	*Perc Rate: _____ min./in.		
*Current Design Flow	_____gallons/day	Actual Use	_____gallons/day	Water Meter Data	_____gallons/day
*New Design Flow:	_____gallons/day	*BOH Witness	*Soil Evaluator		
Variance Requests:					<input type="checkbox"/> Form 9A attached for failed/non-conforming
Note: Septic Tank replacements may require a Trench Permit			*Building Floor Plan	<input type="checkbox"/> Floor Plan attached showing rooms/bedrooms	
Existing Tank Size:	Tank Age:	Tank Material			
Septic Tank Size	_____gallons	Tank Type:	<input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Other ____	*Effluent Filter	<input type="checkbox"/> Yes <input type="checkbox"/> No
Septic Tank Size	_____gallons	Tank Type:	<input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Other ____	*Effluent Filter	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pump Chamber	<input type="checkbox"/> Yes <input type="checkbox"/> No	Size:	_____gallons	Riser to Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Treatment/IA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type	_____	Monitored	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Effluent Distribution	<input type="checkbox"/> Distribution Box <input type="checkbox"/> Pressure Dosing <input type="checkbox"/> Pressure Distribution <input type="checkbox"/> Other: _						
SAS Configuration	<input type="checkbox"/> Trench <input type="checkbox"/> Bed <input type="checkbox"/> Chambers <input type="checkbox"/> Other: _				# Chambers:	_	_____sq.ft./chamber
Total Leaching Area	_____sq. ft.	Total Length:	_____ft.	Total Width:	_____ft.	LTAR:	_____gpd/sq.ft.
Other, describe							

CERTIFICATIONS

Con/Com: The local Conservation Commission must approve any crossing of wetlands or work within the 100 ft. buffer zone of a wetlands/stream
DWCP: Disposal Works Construction Permit for working on all onsite septic systems under 10,000 gallons per day
ESHG: Estimated Seasonal High Ground Water – estimate of ground water based on historic mottling or redoximorphic features.
I/A: Innovative/Alternative technology used to pre-treat onsite septic system effluent. Requires yearly inspection and monitoring.
RS: Registered Sanitarians may design septic systems under 2000 gallons per day.
SAS: Soil Absorption System – the septic field
SI: System Inspector licensed by DEP to inspect septic systems at time of transfer. Reports must be submitted to the BOH within 30 days. Failure to submit may result in revocation of SI license. BOH requires witnessing of all official Title 5 inspections unless otherwise noted.
SE: Soil Evaluators licensed by DEP to do “perc tests” which must be witnessed by the BOH and results submitted within 60 days as per 310CMR 15:018 (2). Failure to do so may result in revocation of SE license.
Septic Installers: Licensed by the local Board of Health (BOH) to install or repair on-site septic systems in each community.

Note: *Check all that apply. Must check at least 1 box.

<input type="checkbox"/> Installer Name:	<input type="checkbox"/> SI Name:	<input type="checkbox"/> SE Name:	<input type="checkbox"/> Engineer:
Email:	Email:	Email:	Email:
Cell Phone:	Cell Phone:	Cell Phone:	Cell Phone:
<input type="checkbox"/> Local BOH License on File	<input type="checkbox"/> License on File	<input type="checkbox"/> License on File	<input type="checkbox"/> License on File
<input type="checkbox"/> Certification Attached	<input type="checkbox"/> License Attached	<input type="checkbox"/> License Attached	<input type="checkbox"/> License Attached
<input type="checkbox"/> Certification listed on BCBOHA website	<input type="checkbox"/> License listed on DEP website	<input type="checkbox"/> License listed on DEP website	
<input type="checkbox"/> Excavator Name:	<input type="checkbox"/> RS Name:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Email:	Email:	Email:	Email:
Cell Phone:	Cell Phone:	Cell Phone:	Cell Phone:
<input type="checkbox"/> License on File	<input type="checkbox"/> License on File	<input type="checkbox"/> To Be Determined	<input type="checkbox"/> To Be Determined
<input type="checkbox"/> License Attached	<input type="checkbox"/> License Attached	<input type="checkbox"/> N/A	<input type="checkbox"/> Other
On-Site Operations Manager*	Name: _____	Cell Phone Number*	_____

FEES

1. Basic Fee must accompany application and is not refundable or transferrable. Call for current Fee Schedule.
2. All permits expire December 31 unless otherwise stated and must be renewed at least 60 days before expiring or the start of operations.
3. Applications received after December 1 or less than 60 days before starting operations will be charged a late fee of \$50 for each week late.

<input type="checkbox"/> *Basic Fee (includes 1 inspection)	\$ 350	<input type="checkbox"/> Late Fee	\$50
<input type="checkbox"/> Additional Fees (Call)	\$ _____	<input type="checkbox"/> Total Fee Paid	\$ _____

AGREEMENT

- *I affirm that I will comply with all state and local codes and allow the Board of Health access for inspections as required by law.
- *By checking this box and signing this application I certify that I comply with M.G.L c. 152, s.25(c), Workman’s Comp Laws
- *I affirm that before updating or making changes to my facility, staff or operations; I will obtain permission and inspections from the Health, Building and Fire Departments as required by law.
- *By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.

SIGNATURE

<input type="checkbox"/> *I affirm and certify that the information provided is true, I am 18, the owner of the establishment referenced in this application or an authorized representative/agent with authority to apply for this permit and grant the Board of Health access for inspections as allowed by law.	
Name/Title	*Date of Application: