

COMMONWEALTH OF MASSACHUSETTS

Permit Number _____

Plainville Board of Health

Date Rec'd _____

Fee _____

Application for Disposal System Construction Permit to

Construct ☐ Repair ☐ Upgrade ☐ Abandon ☐ ☐ Complete System ☐ Individual Components

Location	Owner's Name
Map/Parcel/Builders lot#	Address
	Phone E:mail
Installer's Name	Designer's Name
Address	Address
Phone	Phone
E:mail	E:mail

Type of Building _____ Lot Size _____ sq.ft.

Dwelling – Number of Bedrooms _____ Garbage Grinder Yes ☐ No ☐

Other - Type of Building _____ No. of persons _____ Shower () 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 the Plainville Board of Health Regulations and further agrees to not place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Installers Signature _____ **Date** _____

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Disposal System Construction Permit

Fee _____

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 (3) years of the date of this permit. All conditions must be met.

Date _____ **Board of Health** _____

COMMONWEALTH OF MASSACHUSETTS

Plainville Board of Health

Date Rec'd _____

Permit Number _____

Certificate of Compliance

Fee _____

The undersigned hereby certify that the sewage disposal system Constructed ☐ Repaired ☐ Upgraded ☐ Abandoned ☐

by _____ at _____

as described in the application and permit# _____ dated _____ approved design flow _____ gpd

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans.

Installers signature _____ **Designer signature** _____

Board of Health _____ **Date** _____

Inspections: _____

The issuance of this certificate of compliance shall not be construed as a guarantee that the system will function as designed.