



Commonwealth of Massachusetts
 City/Town of Mount Washington
**Application for Disposal System
 Construction Permit**
 Form 1A

Number _____
 \$150.00
 Fee _____

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Application is hereby made for a permit to: Construct a new on-site sewage disposal system
 Repair or replace an existing on-site sewage disposal system
 Repair or replace an existing system component

1. Location of Facility:

Address or Lot # _____
 City/Town _____ State _____ Zip Code _____

2. Owner Information

Name _____
 Address (if different from above) _____
 City/Town _____ State _____ Zip Code _____
 Telephone Number _____

3. Installer Information

Name _____ Name of Company _____
 Address _____
 City/Town _____ State _____ Zip Code _____
 Telephone Number _____

4. Designer Information

Name _____ Name of Company _____
 Address _____
 City/Town _____ State _____ Zip Code _____
 Telephone Number _____



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A. Facility Information (continued)

5. Type of Building:

Dwelling

Garbage Grinder (check if present)

Other: Type of Building _____

Number of Persons Served _____

Showers

Number of showers _____

Cafeteria

Other fixtures

Specify other fixtures: _____

6. Design Flow:

_____ Gallons per Day

Calculated Daily Flow:

_____ Gallons

7. Plan:

_____ Date of Original

_____ Number of Sheets

_____ Revision Date

_____ Title of Plan

8. Description of Soil:

9. Nature of Repairs or Alterations (if applicable):

10. Date last inspected:

_____ Date



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B. Agreement

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.

Signature	_____	Date	_____
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Application Approved By:

Name	_____	Date	_____
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Application **Disapproved** for the following reasons:
