

NEW CONSTRUCTION

UPGRADE

REPAIR

THE COMMONWEALTH OF MASSACHUSETTS  
**BOARD OF HEALTH**  
TOWN OF DENNIS

M/P \_\_\_\_\_  
**FEES**  
\$100 (NEW CONST./ UPGRADE)  
\$30.00 (REPAIR)  
\$175 (I/A  
TECHNOLOGY/PRESSURE  
DOSED)

*Application for Disposal System Construction Permit*

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

Street No. \_\_\_\_\_

Street \_\_\_\_\_

Village \_\_\_\_\_

Owner \_\_\_\_\_

Owner Mailing Address \_\_\_\_\_

Installer \_\_\_\_\_

Phone Number (office and mobile) \_\_\_\_\_

**Type of Septic System**

Dwelling—No. of Bedrooms \_\_\_\_\_ Design Flow \_\_\_\_\_ gallons per day.

**Observed Groundwater Table at:** \_\_\_\_\_

Septic Tank—size \_\_\_\_\_ gallons. Disposal Trench—Length \_\_\_\_\_ Width \_\_\_\_\_

Description of Alterations: \_\_\_\_\_

**INNOVATIVE & ALTERNATIVE TECHNOLOGY (circle one)**

Yes No

**IS THE SYSTEM PRESSURE DOSED (circle one)**

Yes No

**Agreement:**

*The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental Code—The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.*

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

Application Approved By \_\_\_\_\_

Date \_\_\_\_\_

Permit No. \_\_\_\_\_

Issued \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_ CHECK AMOUNT \_\_\_\_\_

FLOOR PLAN REC'D \_\_\_\_\_ NUMBER OF PLANS \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_