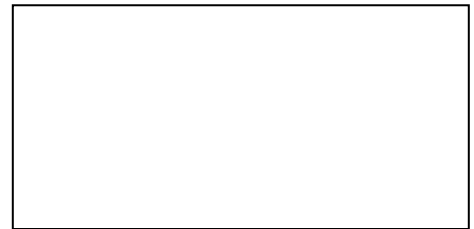




THE COMMONWEALTH OF MASSACHUSETTS  
**BOARD OF HEALTH**  
 TOWN OF DENNIS  
 685 Route 134, South Dennis, MA 02660  
 Phone: 508-760-6158  
 email: healthdepartment@town.dennis.ma.us



## Application for Disposal System Construction Permit

**NEW CONSTRUCTION**  
 Fee \$110.00 / I/A \$90.00

**UPGRADE**  
 Fee \$110.00 / I/A \$90.00

**REPAIR**  
 Fee \$40.00

Application is hereby made for a Permit for an Individual Sewage Disposal System located:

Street Address \_\_\_\_\_

Village \_\_\_\_\_

Owner \_\_\_\_\_

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

Installer \_\_\_\_\_

Installer phone number & email \_\_\_\_\_

Preferred notification for pickup of Septic Permit:  Email  Phone Notification complete: \_\_\_\_\_

Preferred notification for pickup of CoC:  Email  Phone Notification complete: \_\_\_\_\_

### Septic System Information

Dwelling # Bedrooms \_\_\_\_\_ Design Flow – gals per day \_\_\_\_\_ Septic Tank Size gals \_\_\_\_\_ Disposal System Type, Length & Width \_\_\_\_\_

Observed Groundwater Table Depth \_\_\_\_\_

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

SYSTEM INSTALLATION REPLACING A FAILED SYSTEM? (Circle One) Yes No

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.*

Installer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Permit #: \_\_\_\_\_ Issue date: \_\_\_\_\_

#### For Office Use Only

Date Received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Check Amount: \_\_\_\_\_

Floor Plans Received: \_\_\_\_\_ Number of Plans: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Trench Permit Received: \_\_\_\_\_ Trench Permit Number: \_\_\_\_\_ M&P: \_\_\_\_\_