

FORM 1A - APPLICATION FOR DSCP

No. _____

Fee _____

COMMONWEALTH OF MASSACHUSETTS
Board of Health, _____, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to: Construct () Repair () Upgrade () Abandon ()

Complete System Individual Components

Location	Owner's Name
Map/Parcel#	Address
Lot#	Telephone#
Installer's Name	Designer's Name
Address	Address
Telephone#	Telephone#

Type of Building: _____ Lot Size _____ sq.ft.
 Dwelling - No. of Bedrooms _____ Garbage grinder ()
 Other - Type of Building _____
 No. of persons _____ Showers (), 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 Soil 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 further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed _____ Date _____

Inspections _____

