

PERMIT #: _____

FEE: \$ _____

CHECK # _____

TOWN OF NORTON

BOARD OF HEALTH

DISPOSAL SYSTEM CONSTRUCTION PERMIT AND REGULATED TRENCH APPLICATION

THIS FORM MUST BE COMPLETELY FILLED OUT

PLEASE CIRCLE ONE

CONSTRUCTION

UPGRADE

REPAIR

ABANDON

Repair list what is being done: _____

CONSTRUCTION LOCATION: ST. #: _____ STREET: _____ M _____ L _____

OWNERS NAME: _____

OWNERS ADDRESS: _____

OWNERS TELEPHONE : (_____) _____

DESIGNER'S NAME: _____ ADDRESS: _____

TELEPHONE: (_____) _____ LICENSE #: _____

INSTALLERS NAME: _____ ADDRESS: _____

TELEPHONE: (_____) _____ LICENSE #: _____

OF BEDROOMS IN DWELLING _____

TYPE OF BUILDING : PLEASE CIRCLE ONE RESIDENTIAL or COMMERCIAL

GARBAGE DISPOSAL YES NO CAFETERIA YES NO MUNICIPAL WATER YES NO

PLAN TITLE: _____ DATE: _____

NUMBER OF SHEETS: _____ REVISION DATE: _____ Board of Health PERCOLATION # _____

PERCOLATION RATE: _____ TEST HOLE #1 _____ TEST HOLE #2 _____

NAME OF SOIL EVALUATOR: _____ DATE OF SOIL EVALUATION _____

SOIL EVALUATION LICENSE NO: _____

APPROVING AUTHORITY

SIGNED: _____ DATE: _____
HEALTH AGENT

The undersigned agrees to install the above Individual Sewage Disposal System in accordance with the provisions of Title V and further agrees not to place the system in operation until a CERTIFICATE OF COMPLIANCE has been issued by the Norton Board of Health.

SIGNED: _____ DATE: _____
INSTALLER