

No: _____

THE COMMONWEALTH OF MASSACHUSETTS

Fee: _____

TOWN OF EASTHAM
BOARD OF HEALTH

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

APPLICATION IS HEREBY MADE FOR A PERMIT TO CONSTRUCT () OR REPAIR () AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM AT:

_____	_____	_____
Location - Address	Map	Parcel
_____	_____	_____
Owner's Name	Installer's Email Address	
_____	_____	_____
Installer	Installer's Mailing Address	

Type of Building: DWELLING - No. of Bedrooms _____ Expansion Attic () Garbage Grinder () **LOT SIZE** _____
Other - Type of Building _____ No of Persons _____ Showers () Cafeteria ()

AGREEMENT: The undersigned agrees to install the aforementioned Individual Subsurface Disposal System in accordance with the engineered Site and Sewage Plan as submitted and 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

Application Disapproved for the following reasons: _____

Application Approved By: _____ Date: _____

No: _____

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF EASTHAM - BOARD OF HEALTH
CERTIFICATE OF COMPLIANCE

Conditions: _____

THIS IS TO CERTIFY, that the Individual Sewage Disposal System - Constructed () Repaired ()
By _____ for the Owner _____
at _____ Map _____ Parcel _____ has been installed in accordance with the provisions of TITLE 5 of the State Environmental Code as described in the application for Disposal Works Construction Permit.

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORILY.

Date: _____ Inspector: _____

No: _____

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF EASTHAM - BOARD OF HEALTH

DISPOSAL WORKS CONSTRUCTION PERMIT

Permission is hereby granted to the installer _____ to Construct () to Repair ()
an Individual Sewage DISPOSAL system for the Owner _____
at _____ Map _____ Parcel _____.

Variance Approved

Permit Approved

Permit Expiration Date

Board of Health