



Discharge to Municipal Storm Drain System Application

Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

**Form
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Site Location: _____ Parcel ID: _____

Name: _____ Email: _____ Phone: _____

Description of Storm Water Management Practice

- Sloped Runoff to Storm Drain Structure or Right of Way
- Direct Connection to Storm Drain Structure
- Outfall to Surface Water or Wetlands
- Outfall to Pervious Surface
- Sloped Runoff to Pervious Surface
- Sloped Runoff to Surface Water or Wetlands

If sump pump connection, type of heat in home:

Oil Natural Gas Electric Other: _____

Provide Additional Explanation if Necessary

Please provide supporting documentation (site plan, photographs, etc).

Please read the following and sign and date below:

The undersigned grants access to Agents and the Town of Acton Board of Health of the aforementioned property at all reasonable times to verify the information provided within this application.

Owner of Record or Legal Representative

Date

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Official Use Only

- Site Visit Required
- Permit Required
- Additional Information Required
- Fee Received
- Permit Issued