



Disposal Works Construction Permit Application

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

Form A-2

No. _____

Fee Total: _____

FEE SCHEDULE

	Plan Review	Inspections		Review/Const.
New Construction/ Increase in flow			Minor Repair	
<549 GPD	___ 210	___ 185	___ Tank	___ D-Box
550-1999 GPD	___ 300	___ 260		___ Line
2000 – 5999 GPD	___ 460	___ 590		___ 85
6000 – 9999+ GPD	___ 870	___ 965	___ Pump Chamber	
Repair/Replacement			___ STU	___ 150
<549 GPD	___ 155	___ 155		Const./Use
550-1999 GPD	___ 250	___ 250	I/A Technology	
2000 – 5999 GPD	___ 405	___ 485	I/A w/ periodic operation reporting *	___ 85
6000 – 9999+ GPD	___ 750	___ 795	I/A w/o operation reporting	___ 75

**Operation Permit Renewal required annually or with change in Use/Ownership for all I/A Technology with conditions of approval requiring periodic operation reporting*

DESIGNER/INSTALLER INFO

DESIGNER/ENGINEER ADDRESS PHONE AND EMAIL

INSTALLER ADDRESS PHONE AND EMAIL

PROJECT INFO

LOT/NUMBER NUMBER/ STREET OWNER PHONE NUMBER/EMAIL ADDRESS (print only)

OWNER OF RECORD OWNER MAILING ADDRESS

DESIGN FLOW (GPD): _____ EXISTING DAILY FLOW (GPD): _____ NUMBER OF HABITABLE ROOMS: _____

TRENCH PERMIT #: _____

Abandonment of existing septic system

If applicable, please state how the septic system will be abandoned:

- Septic Tank will be pumped entirely of its contents and excavated and removed from site.
- Septic Tank will be pumped entirely of its contents, the bottom will be ruptured or opened and completely filled with clean sand or other suitable material approved in writing by the Approving Authority.
- Not applicable, system is new construction or existing tank will be utilized in new system (written permission from BOH)

I/A: Yes ___ No ___

TYPE: _____

MA DEP APPROVAL STATUS: General ___ Remedial ___ Pilot ___ Provisional ___

MA DEP I/A APPROVAL LETTER TRANSMITTAL NUMBER: _____ (From MA DEP approval letter)

AGREEMENT

The undersigned agrees to install the described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental Code and ARTICLE 11 & 16 of the Acton BOH Rules and Regulations - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Acton Board of Health.

Applicant's Signature _____ Date: _____