



# Discharge to Municipal Storm Drain System Application

Acton Board of Health  
Health Dept. Phone: 978-929-6632  
[www.acton-ma.gov](http://www.acton-ma.gov)  
[health@acton-ma.gov](mailto:health@acton-ma.gov)

**Form  
G**

**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**

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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**

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|--|--|
| <input type="checkbox"/> Site Visit Required             | <input type="checkbox"/> Fee Received  |
| <input type="checkbox"/> Permit Required                 | <input type="checkbox"/> Permit Issued |
| <input type="checkbox"/> Additional Information Required |  |