



# Disposal Works Construction Permit Application

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

# Form A-2

No. \_\_\_\_\_

Fee Total: \_\_\_\_\_

### FEE SCHEDULE

	Plan Review	Inspections		Review/Const.
<b>New Construction/ Increase in flow</b>		<b>Minor Repair</b>		
<549 GPD	___ 210	___ 185	___ Tank	___ D-Box
550-1999 GPD	___ 300	___ 260	___ Pump Chamber	___ Line
2000 – 5999 GPD	___ 460	___ 590	___ STU	___ 85
6000 – 9999+ GPD	___ 870	___ 965		
<b>Repair/Replacement</b>		<b>I/A Technology</b>		
<549 GPD	___ 155	___ 155	I/A w/ periodic operation reporting *	___ 85
550-1999 GPD	___ 250	___ 250	I/A w/o operation reporting	___ 75
2000 – 5999 GPD	___ 405	___ 485	<b>*Operation Permit Renewal required annually or with change in Use/Ownership for all I/A Technology with conditions of approval requiring periodic operation reporting</b>	
6000 – 9999+ GPD	___ 750	___ 795		
<b>Aquifer Protection Zone – Separate Application Required</b>				
Septic System Replacement	___ 40			
Impervious Area Sq.Ft.	___ Varies			

### 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: \_\_\_\_\_