

PERMIT # _____ FEE _____ DATE RECEIVED _____ CHECK # _____



Board of Health
Town of Granby
215B West State Street, Granby, MA 01033
Phone (413)467-7174
Fax (413) 467-3101

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct () Repair () Abandon () - Complete System Individual Components

Location	Owners’s Name
Map/Parcel#	Address
Lot#	Telephone#
Installer’s Name	Designer’s Name
Address	Address
Telephone#	Telephone#

Type of Building:_____ Lot Size_____sq. ft.
Dwelling - No. of Bedrooms_____ Garbage grinder ()
Other - Type of Building_____ No. of persons_____ Showers (), Cafeteria ()
Other Fixtures_____

Design Flow (min. required) _____gpd Calculated design flow_____gpd Design flow provided_____gpd
Plan: Date_____ Number of sheets_____ Revision Date_____
Title _____

Description of Soil(s)_____
Soil Evaluator Form No._____ Name of Soil Evaluator_____ Date of Evaluation_____

DESCRIPTION OF REPAIRS OR ALTERATIONS_____

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed_____ Date_____

Inspections_____

No._____ Fee_____

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, that the On-site Sewage Disposal System installed () or repaired/replaced () on _____
by:_____for_____
at_____ has been constructed in accordance with the provisions of 310
CMR 15.00 (Title 5) and for the Disposal System Construction Permit No. _____ dated _____. Use of
this system is conditioned on compliance with the previsions set forth
below:_____

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed. This
certificate expires on _____
Inspected by_____ Date_____

No._____ Fee_____

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct() Repair () Upgrade () Abandon () an individual sewage disposal system
at _____ as described in the application for Disposal System
Construction Permit No._____, dated _____.

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Date_____ Board of Health_____