



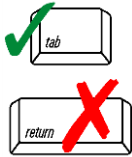
Commonwealth of Massachusetts  
 City/Town of FAIRHAVEN  
**Application for Disposal System  
 Construction Permit**  
 Form 1A

Number \_\_\_\_\_  
 \$ \_\_\_\_\_  
 Fee \_\_\_\_\_

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

**A. Facility Information**

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Application is hereby made for a permit to:  Construct a new on-site sewage disposal system  
 Repair or replace an existing on-site sewage disposal system  
 Repair or replace an existing system component

1. Location of Facility:

Address or Lot # \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Owner Information

Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

3. Installer Information

Name \_\_\_\_\_ Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

4. Designer Information

Name \_\_\_\_\_ Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_



Commonwealth of Massachusetts  
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**A. Facility Information** (continued)

5. Type of Building:

Dwelling

Garbage Grinder (check if present)

Other: Type of Building \_\_\_\_\_

Number of Persons Served \_\_\_\_\_

Showers

Number of showers \_\_\_\_\_

Cafeteria

Other fixtures

Specify other fixtures: \_\_\_\_\_

6. Design Flow:

\_\_\_\_\_  
 Gallons per Day

Calculated Daily Flow:

\_\_\_\_\_  
 Gallons

7. Plan:

\_\_\_\_\_  
 Date of Original

\_\_\_\_\_  
 Number of Sheets

\_\_\_\_\_  
 Revision Date

\_\_\_\_\_  
 Title of Plan

8. Description of Soil:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Nature of Repairs or Alterations (if applicable):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Date last inspected:

\_\_\_\_\_  
 Date



Commonwealth of Massachusetts  
 City/Town of FAIRHAVEN  
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\_\_\_\_\_  
 Number  
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**B. Agreement**

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

\_\_\_\_\_  
 Signature Date

Application Approved By:

\_\_\_\_\_  
 Name Date

Application **Disapproved** for the following reasons:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Commonwealth of Massachusetts  
 City/Town of FAIRHAVEN  
**Disposal System Construction Permit**  
**Form 2A**

Number \_\_\_\_\_

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

**Permission is hereby granted to:**

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Name \_\_\_\_\_ Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

to perform the following work on an on-site sewage disposal system:

- Construction
- Repair or replacement
- Repair or replacement of system components

Facility Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner \_\_\_\_\_ Telephone Number \_\_\_\_\_

The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**All construction must be completed within three years of the date below.**

Approved by \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Title



Commonwealth of Massachusetts  
 City/Town of FAIRHAVEN  
**Certificate of Compliance**  
 Form 3

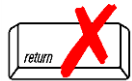
DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

**This is to Certify** that the following work on an On-Site Sewage Disposal System

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

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DSCP Number	DSCP Date	
Facility Owner		
Street Address or Lot #		
City/Town	State	Zip Code

**Designer Information:**

Name	Name of Company
Signature	Date

**Installer Information:**

Name	Name of Company
Signature	Date

Use of this system is conditioned on compliance with the provisions set forth below:

The Sewage Disposal System has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application number dated \_\_\_\_\_ . Approved Design Flow \_\_\_\_\_ (gpd)

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

Approving Authority	
Signature	Date