



**CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
24 Lowell Street
Peabody, Massachusetts 01960
(978) 538-5926
Fax: (978) 538-5990**

**BOARD OF HEALTH
BERNARD H. HOROWITZ,
CHAIRMAN
THOMAS J. DURKIN III
LEIGH ANN MANSBERGER, MD, MPH

SHARON CAMERON
DIRECTOR**

Application for Disposal Works Construction Permit

Application is hereby made for a Permit to:

<input type="radio"/> Construct	<input type="radio"/> Repair	(check appropriate box)
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An Individual Sewage Disposal system at:

Location:		And/or Lot No.:	
Owner:		Address:	
Installer:		Address:	

Type of Building: _____ Lot Size: _____ acres

Dwelling:	No. of Bedrooms	Expansion Attic Yes / No		Garbage Grinder Yes / No
OTHER:	Type of Building	No. of Persons		Showers
Other Fixtures				
Design Flow _____ gallons per person per day.			Total Daily Flow _____ gallons.	
Septic tank	Liquid Capacity gallons.	Length	Width	Diameter _____ Depth _____
Disposal Trench	No.	Width	Total Length	Total Leaching Area sq. ft.
Seepage Pit	No.	Diameter	Depth below inlet	Total Leaching Area sq. ft.
Other Distribution Box: ()			Dosing Tank ()	

Percolation Test Results: Performed by: _____ Date: _____
 Test Pit No. 1 _____ minutes per inch. Depth of Test Pit _____ Depth to ground water _____
 Test Pit No. 2 _____ minutes per inch. Depth of Test Pit _____ Depth to ground water _____

DESCRIPTION OF SOIL _____

NATURE OF REPAIRS OR ALTERATIONS – ANSWER WHEN APPLICABLE

AGREEMENT

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of 310 CMR 15.000 STATE ENVIRONMENTAL CODE, Title V. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed: _____ Date: _____

Application Approved by: _____ Date: _____

Permit No.: _____ Issuance Date: _____



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