COMMONWEALTH OF MASSACHUSETTS

Board of Health, Newton, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to: Construct ( ), Repair ( ), Upgrade ( ), Abandoned ( )
and 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 Agent_________________________________

John McNally, BS, RS

lwalsh@newtonma.gov
PLAN SPECIFICATION REVIEW APPLICATION

NAME: ___________________________  TELEPHONE: ___________________________

ADDRESS: ___________________________

TYPE:  POOL __________  SEPTIC SYSTEM __________  OTHER __________

SPECIFY OTHER: ___________________________

OWNER: ___________________________  TELEPHONE ___________________________

PERSON SUBMITTING PLAN: ______________  TELEPHONE ___________________________

FOR OFFICE USE ONLY

DATE SUBMITTED: ___________________________

FEE RECEIVED: ___________________________

CHECK # ___________________________  CASH ___________________________

PERSON RECEIVING FEE: ___________________________

COPY TO APPLICANT: ___________________________