

Town of Otis Health Department

1 North Main St, P.O. Box 237

Otis, MA 01253

Tel: (413) 269-0100 Ext. 104

E-Mail: healthdept@townofotis.com

Application for Disposal Works Construction Permit

All information must be completely filled out or it will be returned

Permit #: _____ **Upgrade, () Construct () or repair () an individual sewage disposal system:**

Site Address: _____ **Parcel #** _____ **Tax Map #** _____

Owner: _____ **Lic. Septic Installer:** _____

Address: _____ **Address:** _____

City/State/Zip: _____ **City/state/zip:** _____

Telephone: _____ **Telephone:** _____

Email: _____ **Email:** _____

Type of Building: _____ Lot Size: _____ Sq.Ft.Acreage: _____

Dwelling.No. of Bedrooms: _____ Expansion Attic: _____ Garbage Grinder _____

() Showers: _____ () Cafeteria: _____ () Hot Tub/Whirlpool/Other _____

Design Flow: _____ gal.per bedroom per day Total Daily Flow: _____ gal _____.

Septic Tank-Liquid Cap: _____ gal Length _____ Width _____ Diameter: _____ Depth: _____

Disp. Trench No.: _____ Width: _____ Total Length: _____ Sq. Ft. Total Leaching Area _____ Sq Ft.

Disp. Bed No: _____ Width: _____ Total Length: _____ Sq. Ft. Total Leaching Area _____ Sq Ft.

Disp. Pit No. : _____ Width: _____ Total Length: _____ Sq. Ft. Total Leaching Area _____ Sq Ft.

() Other Distribution box () Dosing Tank () Pump Chamber

Percolation Test Results:

Performed By: _____ Date: _____

Perc Test No. _____ Min. Per inch _____ Depth of Perc Test _____

Perc Test No. _____ Min Per Inch _____ Depth of Perc Test _____

Depth of Ground Water: _____ Description of Soil _____

Nature of Repairs of Alterations- Answer when applicable : _____

Please Make Check Payable for \$100.00 for repair, \$150.00 Upgrade, \$200.00 New Construction to the Town Of Otis, Board of Health

Agreement: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code. The undersigned further agrees not to place the system in operation until The Town of Otis has issued a Certificate of Compliance.

Owner: _____ Date: _____

Licensed Installer: _____ Date: _____

Application Approved By: _____ Date: _____

Application Disapproved for the following reasons: _____