

Town of Salisbury

BOARD OF HEALTH

5 Beach Road

Salisbury, MA 01952

Telephone: 978-462-7839 Fax: 978-462-4176

APPLICATION FOR DEEPHOLE TEST

Date: _____

FEE \$200.00 Per Lot

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER(S): _____ CELL# _____

ADDRESS OF PROPERTY TO BE TESTED: _____

NUMBER OF LOTS TO BE TESTED: _____

NAME OF PROPERTY OWNER (If different from Applicant): _____

ADDRESS OF PROPERTY OWNER (If different): _____

NAME OF ENGINEER: _____

COMPANY NAME: _____

ADDRESS OF ENGINEER: _____

PHONE NUMBER(S): _____ CELL# _____

PLEASE PROVIDE THE FOLLOWING DOCUMENTS WITH THE APPLICATION:

1. *Plot Plan of Property(s)*
2. *Soil Evaluator Certification of Engineer*
3. *Notarized letter of permission to enter property if applicant is different from owner.*
4. *Check made out to "Town of Salisbury" in the amount of \$200.00 per lot*
Example: 3 lots @ \$200.00 each = \$600.00

Print Name of Applicant

Signature of Applicant

RECEIVED



Town of Salisbury

BOARD OF HEALTH

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APPLICATION FOR SEPTIC PLAN REVIEW

Please answer ALL questions

Please Print

FEE \$200.00

Name of Company/Applicant _____ Telephone # _____

Address _____

Mailing Address (if different) _____

Name of Contact Person _____

Title _____ Telephone number _____

LOCATION OF PROPOSED CONSTRUCTION, RENOVATION, REMODELING, ETC.

Street Address _____

Description of Property (New Building, Historic, etc.) _____

Describe fully the Intent of Use Your Plans are being Reviewed for: (i.e. all operations):

It is the applicant's responsibility to comply with all applicable laws, rules and regulations of the Town of Salisbury and all other State, Federal and County laws.

INCOMPLETE APPLICATIONS WILL DELAY FURTHER REVIEW AND PROCESSING

FOR OFFICE USE ONLY

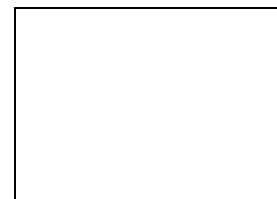
DATE REVIEWED: _____

2ND REVIEW: _____

3RD REVIEW: _____

OTHER: _____

RECEIVED



TOWN OF SALISBURY

HEALTH DEPARTMENT

5 Beach Road

Salisbury, MA 01952

Telephone: 978-462-7839 Fax: 978-462-4176

APPLICATION TO REQUEST INSPECTIONS

Please Print

Name of Installer _____ Fee \$ 200.00 Date _____

Property Address to be Inspected _____

Mailing Address _____

Telephone Number _____ Cell Phone _____

DWCP # _____

This application is a request to have the required inspections performed relative to installation of a septic system or components of a septic system at the above property address. The Health Agent performing inspections shall determine what inspections are necessary and will schedule the inspections accordingly.

Name

Date

Signature

RECEIVED

FOR OFFICE USE ONLY

Name of Inspector _____

Date Type of Inspection Comments

System has been inspected and completed _____ Date _____

Signature of Inspector



Commonwealth of Massachusetts
 City/Town of
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):

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



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

Approving Authority _____

Signature _____ Date _____



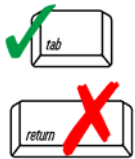
Commonwealth of Massachusetts
 City/Town of
**Application for Disposal System
 Construction Permit**
 Form 1A

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

 Number
 \$ _____
 Fee

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
**Application for Disposal System
 Construction Permit**
 Form 1A

 Number
 \$ _____
 Fee

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
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