



Commonwealth of Massachusetts
 City/Town of
**Application for Shared Disposal System
 Construction Permit
 Form 10A**

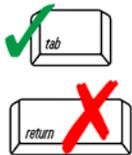
Number _____
 \$ _____
 Fee _____

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.

Shared Systems must be approved by DEP prior to construction.

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 under 310 CMR 15.291 or 310 CMR 15.292 to

- Construct a new shared on-site sewage disposal system
- Repair or replace an existing shared on-site sewage disposal system
- Repair or replace an existing component of a shared system

1. Location and Owner Information

Location 1 Address or Lot #

City/Town _____ State _____ Zip Code _____

Owner Name _____ Telephone Number _____

Owner Address (if different from location)

City/Town _____ State _____ Zip Code _____

Location 2 Address or Lot #

City/Town _____ State _____ Zip Code _____

Owner Name _____ Telephone Number _____

Owner Address (if different from location)

City/Town _____ State _____ Zip Code _____

Location 3 Address or Lot #

City/Town _____ State _____ Zip Code _____

Owner Name _____ Telephone Number _____

Owner Address (if different from location)

City/Town _____ State _____ Zip Code _____



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A. Facility Information (cont.)

Location 4 Address or Lot # _____

City/Town _____ State _____ Zip Code _____

Owner Name _____ Telephone Number _____

Owner Address (if different from location) _____

City/Town _____ State _____ Zip Code _____

2. Installer Information

Name _____ Name of Company _____

Address _____

City/Town _____ State _____ Zip Code _____

Telephone Number _____

3. Designer Information

Name _____ Name of Company _____

Address _____

City/Town _____ State _____ Zip Code _____

Telephone Number _____

4. Type of Building:

	Loc. 1	Loc. 2	Loc. 3	Loc. 4
<input type="checkbox"/> Dwelling - # of bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Garbage Grinder (check if present)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Type of Buildings

Loc. 1	_____ Type _____	_____ # of Persons _____	_____ # of Showers _____	<input type="checkbox"/> Cafeteria
Loc. 2	_____ Type _____	_____ # of Persons _____	_____ # of Showers _____	<input type="checkbox"/> Cafeteria
Loc. 3	_____ Type _____	_____ # of Persons _____	_____ # of Showers _____	<input type="checkbox"/> Cafeteria
Loc. 4	_____ Type _____	_____ # of Persons _____	_____ # of Showers _____	<input type="checkbox"/> Cafeteria



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A. Facility Information (cont.)

5. Design Flow: _____ Gallons per Day

Calculated Daily Flow: _____ Gallons

6. Plan: _____ Date

Number of Sheets _____ Revision Date _____

Title of Plan _____

8. Documents Attached:

310 CMR 15.290 (2b)

310 CMR 15.290 (2c)

310 CMR 15.290 (2d)

310 CMR 15.290 (2e)

9. Description of Soil:

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

11. Date last inspected:

_____ Date



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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.

 Name

 Signature

 Date

Application Approved By:

 Approving Authority

 Date

 Signature

Application **Disapproved** for the following reasons:

