



Commonwealth of Massachusetts

City/Town of

Shared Disposal System Construction

Permit

Form 10B

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 Board of Health to determine the form they use.

Shared systems must be approved by DEP prior to construction.

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 _____ Telephone Number _____

to perform the following work on a shared on-site sewage disposal system:

- Construction
- Repair or replacement
- Repair or replacement of system components

Facility Address _____

City/Town _____ State _____ Zip Code _____

The work to be performed is further described in the Application for a Shared Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

Check List:

The following documentation was provided with application as required:

- 310 CMR 15.290 (2a) 310 CMR 15.290 (2b) 310 CMR 15.290 (2c)
- 310 CMR 15.290 (2d) 310 CMR 15.290 (2e)

All construction must be completed within three years of the date below.

Approved by _____ Date _____

Signature _____