Commonwealth of Massachusetts
City/Town of
Shared Disposal System Construction Permit
Form 10B

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:

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 __________________________________________