Commonwealth of Massachusetts
City/Town of
Local Upgrade Approval
Form 9B

DEP has provided this form for use by local Boards of Health if they choose to do so.

The Local Upgrade Approval is to be completed by the local Board of Health and a signed copy provided to the system owner.

A. Facility Information

1. Facility Name and Address

Name

Street Address

City/Town

State

Zip Code

2. Owner Name and Address (if different from above):

Name

Street Address

City/Town

State

Zip Code

3. Type of Facility (check all that apply):

☐ Residential  ☐ Institutional  ☐ Commercial  ☐ School

4. Design flow per 310 CMR 15.203:

\[ \text{gpd} \]

5. System Designer:

Name

Address

City/Town

State, ZIP

☐ PE  ☐ RS

B. Approval

1. Local Upgrade Approval is granted for:

☐ Reduction in setback(s) – specify:

☐ Reduction in SAS area of up to 25%:

\[ \text{SAS size, sq. ft.} \]  \[ \% \text{ reduction} \]
B. Approval (continued)

☐ Reduction in separation between the SAS and high groundwater:

<table>
<thead>
<tr>
<th>Separation reduction</th>
<th>ft.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percolation rate</td>
<td>min./inch</td>
</tr>
<tr>
<td>Depth to groundwater</td>
<td>ft.</td>
</tr>
</tbody>
</table>

☐ Relocation of water supply well (explain):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

☐ Reduction of 12-inch separation between inlet and outlet tees and high groundwater

☐ Use of only one deep hole in proposed disposal area

☐ Use of a sieve analysis as a substitute for a perc test

List local variances granted:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Approving Authority

Print or Type Name and Title __________________________ Signature ___________________________ Date ___________________________