



TOWN OF
CHESTER, MASSACHUSETTS

01011

BOARD OF HEALTH

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Application for Disposal Works Construction Permit
All information must be completely filled out or it will be returned

Fee \$ 250.00 / 2 inspections

Permit #: _____ Construct () or repair () an individual sewage disposal system:

Site Address: _____ Parcel # _____ Tax Map # _____

Owner: _____ Lic. Septic Installer: _____

Address: _____ Address: _____

City/State/Zip: _____ City/state/zip: _____

Telephone: _____ Telephone: _____

Type of Building: _____ Lot Size: _____ Sq.Ft.Acreage: _____

Dwelling.No. of Bedrooms: _____ Expansion Attic: _____ Garbage Grinder _____

() Showers: _____ () Cafeteria: _____ () Hot Tub/Whirlpool/Other _____

Design Flow: _____ gal.per bedroom per day Total Daily Flow: _____ gal.

Septic Tank-Liquid Cap: _____ gal Length _____ Width Diameter: _____ Depth: _____

Disp. Trench No.: _____ Width: _____ Total Length: _____ Sq. Ft. Total Leaching Area _____ Sq Ft.

Disp. Bed No: _____ Width: _____ Total Length: _____ Sq. Ft. Total Leaching Area _____ Sq Ft.

Disp. Pit No. : _____ Width: _____ Total Length: _____ Sq. Ft. Total Leaching Area _____ Sq Ft.

() Other Distribution box () Dosing Tank () Pump Chamber

Percolation Test Results:

Performed By: _____ Date: _____

Perc Test No. _____ Min. Per inch _____ Depth of Perc Test _____

Perc Test No. _____ Min Per Inch _____ Depth of Perc Test _____

Depth of Ground Water: _____ Description of Soil _____

Nature of Repairs of Alterations- Answer when applicable : _____

Agreement: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code. The undersigned further agrees not to place the system in operation until The Town of Chester has issued a Certificate of Compliance.

Owner: _____ Date: _____

Licensed Installer: _____ Date: _____

Application Approved By: _____ Date: _____

Application Disapproved for the following reasons: _____