



TOWN OF
CHESTER, MASSACHUSETTS

01011

BOARD OF HEALTH
15 Middlefield Street
Chester, MA 01011
413-354-7781
BoardofHealth@townofchester.net

Application for Disposal Works Construction Permit
Permit Fee \$250.00 includes two inspections
(complete form in its entirety)

Construct _____ or repair _____ an individual sewage disposal system.

Site Address: _____

Parcel# _____ Tax Map# _____

Owner: _____

Address/Mailing: _____

Telephone: _____ E-Mail: _____

Septic Installer (must hold current Chester Installers License): _____

Installer Phone: _____ Installer E-Mail: _____

Installer Address: _____

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

Dwelling No. Of Bedrooms: _____ Expansion Attic: _____ Garbage Grinder: N/A 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: _____

Description of Work: _____

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.** Please attach a copy of the perc test. Work may begin once the Board of Health has signed and executed this permit.

Owner: _____ Date: _____

Licensed Installer: _____ Date: _____

Board of Health: _____ Date: _____