

45 Railroad Street
Lee, MA 01238-1694

Tel: 413-243-5540
Fax: 413-243-5542
E-mail: info@tritownhealth.org

TRI-TOWN HEALTH DEPARTMENT
Lee - Lenox – Stockbridge

Application for Disposal Works Construction Permit

Permit # _____ <input type="checkbox"/> New \$250 <input type="checkbox"/> Upgrade \$200 <input type="checkbox"/> Repair \$150 Individual sewage disposal system:	
Site Address: _____	Parcel # _____ Tax Map # _____
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><u>Owner Information:</u> Owner Name: _____ Mailing Address: _____ City/State/Zip: _____ Telephone: _____</div><div style="width: 48%;"><u>Licensed Septic Installer Information:</u> Installer Name: _____ Tri-Town DWIP Number: _____ Address: _____ City/State/Zip: _____ Telephone: _____</div></div>	

Type of Building: _____ Lot Size: _____ Sq.Ft. Acreage _____
Dwelling- No. of Bedrooms: _____ Garbage Grinder: ☐ Yes ☐ No
Design Flow: _____ gal per bedroom per day Total Daily Flow: _____ gal
Septic Tank- Liquid Cap: _____ gal Length: _____ Width: _____ Depth: _____
Effluent Tee Filter: ☐ Yes ☐ No If Yes, type: _____
Other components: ☐ Distribution box ☐ Dosing Tank ☐ Pump Chamber
SAS Configuration: ☐ Trench ☐ Bed ☐ Chamber ☐ Other
Total Leaching Area: _____ sq. ft. Total Length: _____ sq.ft. LTAR: _____ gpd/sq. ft.
Nature of Repairs of Alterations- Answer when applicable: _____

~ Please make check payable to the Town in which the work is being done in. ~

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 Tri-Town Health Department has issued a Certificate of Compliance.

Owner: _____ Date: _____
Licensed Installer: _____ Date: _____
Application Approved by: _____ Date: _____

FOR OFFICE USE ONLY:

Total Fee: _____ Invoice # if needed _____ Check # _____ Date: _____
Application Disapproved for the following reason(s): _____

****** APPLICATION WITH INSUFFICIENT INFORMATION WILL BE RETURNED ******