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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 # _____		
<u>Owner Information:</u>		<u>Licensed Septic Installer Information:</u>		
Owner Name: _____	Installer Name: _____			
Mailing Address: _____	Tri-Town DWIP Number: _____			
City/State/Zip: _____	Address: _____			
Telephone: _____	City/State/Zip: _____			
	Telephone: _____			

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 ******