THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
TOWN OF DENNIS
685 Route 134, South Dennis, MA 02660
Phone: 508-760-6158
email: healthdepartment@town.dennis.ma.us

Application for Disposal System Construction Permit

☐ **NEW CONSTRUCTION**
Fee $130.00 / I/A $100.00

☐ **UPGRADE**
Fee $130.00 / I/A $100.00

☐ **REPAIR**
Fee $50.00

Application is hereby made for a Permit for an Individual Sewage Disposal System located:

_____ _____
Street Address ***Village***

_____ _____
Owner ***Owner Mailing Address***

_____ _____
Installer ***Installer phone number & email***

Preferred notification for pickup of Septic Permit: ☐ **Email** ☐ **Phone**

Preferred notification for pickup of CoC: ☐ **Email** ☐ **Phone**

Septic System Information

_____ _____ _____ _____
Dwelling # Bedrooms ***Design Flow – gals per day*** ***Septic Tank Size gals*** ***Disposal System Type, Length & Width***

_____ _____
Observed Groundwater Table Depth ***Description of Alterations***

SYSTEM INSTALLATION REPLACING A FAILED SYSTEM? (Circle One) Yes No

INNOVATIVE & ALTERNATIVE TECHNOLOGY (Circle One) Yes No

IS THE SYSTEM PRESSURE DOSED (Circle One) Yes No

Agreement:
The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental Code—The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Installer Signature: _____ **Date:** _____

Application Approved by: _____ **Date:** _____

Permit #: _____ **Issue date:** _____

For Office Use Only

Date Received: _____ **Check Number:** _____ **Check Amount:** _____

Floor Plans Received: _____ **Number of Plans:** _____ **Staff Initials:** _____

Trench Permit Received: _____ **Trench Permit Number:** _____ **M&P:** _____