



COMMONWEALTH OF MASSACHUSETTS

TOWN OF MENDON

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



APPLICATION IS HEREBY MADE FOR A PERMIT TO:

BOH PERMIT # ISSUED: SS-

☐ Construct a New On-Site Sewage Disposal System

GALLONS PER DAY (GPD) ☐ Up to 440 Gal. (\$575) ☐ 441 – 2,000 Gal. (\$850) ☐ 2,001 Gal. & Up (\$1,100)

☐ Repair or Replace an Existing On-Site Sewage Disposal System

GALLONS PER DAY (GPD) ☐ Up to 440 Gal. (\$575) ☐ 441 – 2,000 Gal. (\$850) ☐ 2,001 Gal. & Up (\$1,100)

☐ Repair or Replace an Existing System Component (\$125)

IMPORTANT:
When filling out
Forms on the
computer, use
TAB key to move
to next line – **DO**
NOT USE the
ENTER key.



TYPE OF SYSTEM:

☐ Conventional Septic System (Septic Tank, D-Box, SAS)

☐ Aggregate Free (Septic Tank, D-Box)

Aggregate-free septic systems, also known as gravelless systems, are an environmentally friendly and increasingly common alternative to traditional stone and pipe drain fields.

☐ Infiltrator System ☐ Cultec System

☐ Presby System (Submit copy of Presby Certificate & all applicable Presby forms)

☐ Other (Describe): _____ (Attached DEP Approval Letters)

DOES THIS APPLICATION REQUIRE A LOCAL UPGRADE OR VARIANCE REQUEST? ☐ YES* | ☐ NO

**If Yes, complete the "Plan Review Form" and attach with this Application.*

1. **Location of Facility:** _____
Specific Address in Mendon (If Applicable) MAP # PARCEL # LOT #

2. **Owner Information:** _____
Name

Mailing Address (If Different from Above)

City/Town State Zip Code

Contact Phone Number Contact Email Address

3. **Installer Information:** _____
Name Company

Mailing Address

City/Town State Zip Code

Contact Phone Number Contact Email Address

4. **Designer Information:** _____
Name Company

Mailing Address

City/Town State Zip Code

Contact Phone Number Contact Email Address

5. **Type of Building:**

☐ Dwelling ☐ Garbage Grinder (Check if Present)

☐ Other: Type of Building: _____

Number of Persons Served _____

☐ Showers: _____ ☐ Cafeteria ☐ Other Fixtures
Number of Showers

Specify Other Fixtures: _____

6. **Design Flow:** Gallons per Day: _____ **Calculated Daily Flow:** Gallons: _____

7. **Plan:** Date of Original: _____ Number of Sheets: _____ Revision Date: _____

Title of Plan: _____

8. **Description of Soil:**

9. **Nature of Repairs or Alterations (If Applicable):**

AGREEMENT AND UNDERSTANDING

The undersigned agrees and understands that to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance (Form 3) has been issued by this Board of Health. **A Certificate of Compliance will not be issued until all As-Built Plans and a complete Form 3 has been received by the Mendon Board of Health Office and has up to 10 business days to review and issue a Certificate of Compliance (CoC). A Repair or Replace an Existing System Component only requires a complete Form 3. Be advised that a property transfer closing date should not be scheduled until the CoC has been issued first, which may take up to 10 business days as noted above.**

The undersigned agrees and understands that once that application has been deemed complete, the Board of Health has 45 days to review and act upon the submission. You should note that if a plan is not approved ("Returned for Revisions to Designer"), a new 45 day "clock" will start on submission of revised plans. During this phase, your design professional may need approval in the form of a variance or local-upgrade approval that will require a hearing before the Board of Health. In some cases, your abutters may need to be notified. Once this process is complete your plan will be approved, and you will be ready to install your septic system. ***Please note that any/all plan revision(s), from the original date received, will require additional plan reviews and/or inspections outside the standard review and inspection process and will be at an additional cost at the owner's expense. ALL ADDITIONAL PLAN REVIEWS AND/OR INSPECTIONS MUST BE PAID IN ADVANCE AND SCHEDULED THROUGH THE BOARD OF HEALTH OFFICE.**

The undersigned agrees and understands that in accordance with 310 CMR 15.020 Approved Disposal System Construction Permit Applications (septic designs) are to be completed within 3 years of issuance (approval date of plan) of Permit Application. **The Mendon Board of Health may extend that date by one year if the request is made prior to the expiration of the 3-year timeframe.** Only one extension may be granted. Failure to request an extension within 3 years OR if a Certificate of Compliance is not issued within the 1-year extension timeframe, a new permit application will be required. This will include a request to extend Soils/Percolation testing and submittal of new design plans. Any changes in State or Local regulations in effect will be required to be shown on the re-submitted plans. All application fees from the original permit(s) are non-refundable and non-transferrable.

PLEASE SIGN & DATE

Signature of Owner

Date

MENDON BOARD OF HEALTH USE ONLY

Application Approved By: _____

Date: _____