

Number: _____

Fee: _____



**THE COMMONWEALTH OF MASSACHUSETTS
STERLING, MASSACHUSETTS**

**Sewage Disposal Works Construction Permit
Component Repair Permit
Permit for System in Full Compliance with Title 5**

OWNER: _____ MAP/PARCEL: _____

MAILING ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

LOT ADDRESS: _____
(not transferable. formal permit transfer must be requested upon change of ownership)

Date Permit issued: _____ Lot Size: _____
Date Permit expires: _____

Soil Description: _____

Groundwater: _____ Perc Rate: _____

ENGINEERING OR SPECIAL PREPARATION:
System to be installed according to engineered plan #: _____ Dated: _____

By: _____ Rev Dated: _____

Bedroom Count: _____ Water Supply: (circle 1)
Primary Installation: _____ Well Town
Secondary Installation: _____

Description / Nature of Repair: _____

Permit Prepared for Board by Sterling Health Agent: _____

I agree, upon accepting this permit, to comply with all Board of Health regulations and the State Environmental Code during all phases of installing the septic system.

Owner Signature _____ Printed Signature _____ Date _____
Telephone # _____ Cell # _____

Licensed Installer Signature _____ Printed Signature _____ Date _____
Telephone # _____ Cell # _____

RECORD OF INSPECTIONS

INSPECTIONS REQUIRED:	Inspection Date	Inspected By
<input type="checkbox"/> Trenches excavation/before fill/stone by (circle 1) Eng BOH	_____	_____
<input type="checkbox"/> Fill in place by (circle 1) Eng BOH	_____	_____
<input type="checkbox"/> Completed system prior to backfill	_____	_____
<input type="checkbox"/> Final fill & grading (ON ENG AS-BUILT PLAN)	_____	_____
<input type="checkbox"/> Engineer certification in writing of completed system	_____	_____
<input type="checkbox"/> As built plans.... Design Engineer Installer	_____	_____
<input type="checkbox"/> Well completion report & water test submitted to this office	_____	_____
<input type="checkbox"/> Recorded deed/fill assessments submitted to this office	_____	_____
<input type="checkbox"/> WELL PERMIT	_____	_____
<input type="checkbox"/> MAG, TAPE, RISERS, INSPECT PORT	_____	_____
<input type="checkbox"/> All inspections completed	_____	_____
<input type="checkbox"/> Tanks set in place	_____	_____