



Board of Health  
459 Main Street, Medfield, MA 02052

## APPLICATION FOR NEW SEPTIC SYSTEM OR UPGRADE

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Permit No: \_\_\_\_\_

Submission Date: \_\_\_\_\_

Property Address: \_\_\_\_\_ Lot: \_\_\_\_\_ Parcel: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Applicant:** \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Engineer:** \_\_\_\_\_

Engineer Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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Application is hereby made for a permit to locate and: **construct** \_\_\_\_\_ or, **upgrade** \_\_\_\_\_ an individual sewage disposal system at the above referenced property as shown on the attached plans.

Reason for upgrade/revision: \_\_\_\_\_

Type of facility: \_\_\_\_\_

IF DWELLING: number of bedrooms: \_\_\_\_\_ total number of rooms: \_\_\_\_\_ design flow: \_\_\_\_\_ GPD

Is system is designed for garbage grinder? **Yes / No**

If not, please record restriction form at registry (can be provided to you)

Is proposed septic system within 100' of wetlands or within 200' of a perennial stream? **Yes / No**

If yes, please contact Conservation Commission

(continued on reverse side)

**Application Fee:**

Basic Application:	\$ _____	Pump System:	\$ _____
Plan Revision:	\$ _____	Previously Approved Plan:	\$ _____
Transfer:	\$ _____	Variance/Local Upgrade:	\$ _____
Alt/Innovative System:	\$ _____	Bldg Relocation:	\$ _____

Plan Dated: \_\_\_\_\_

Revision Dates: (if applicable) \_\_\_\_\_

Application and plans shall not be considered submitted or stamped "received" until this form is filled out completely and signed by the applicant, soil evaluation forms and four (4) copies of the plan are submitted and all fees are paid.

The undersigned acknowledges that he/she must, before commencing construction or use of the system which is the subject matter of this application, secure any and all other permits which may be required by the laws of the Town of Medfield, and the Commonwealth of Massachusetts, including wherever applicable, an Order of Conditions from the Conservation Commission, a building permit, a plumbing or gas permit, any variances or special permits from the ZBA, any Planning Board approvals as well as approval from the Board of Health upon completion. It is also acknowledged that a person or firm having a permit to install such systems in the Town of Medfield must install the system.

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Signature of Applicant

Date