

TOWN OF DOUGLAS  
 BOARD OF HEALTH  
 29 DEPOT STREET  
 DOUGLAS, MA 01516



508-476-4000 Ext. 252  
 508-476-0023 FAX  
 508-476-1619 TTY

Douglas Permit # \_\_\_\_\_  
 (Obtain from Application for soils testing)

**APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

Application for a Permit to: Construct  Repair  Upgrade  Abandon

Complete System

Individual Components (check box) *SAS not included*

- Septic Tank
- D-Box
- Pump Chamber
- Other

explain \_\_\_\_\_

Location	Owner's Name
Map/Parcel #	Address
Lot #	Telephone #
Soil Evaluator	Design Engineer
Address	Address
Telephone #	Telephone #

Plan: Date \_\_\_\_\_ Number of sheets \_\_\_\_\_

Title of Plan: \_\_\_\_\_

**Description of Repairs and/or Alterations:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

*For office use Only:*

Application Approved

Date Issued: \_\_\_\_\_ Board of Health : \_\_\_\_\_