

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 : _____