



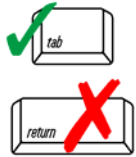
City of Gardner Board of Health Application for Sewage Disposal System Construction Permit

Number _____
 \$200.00
 Fee < 500gpd residential
 \$300.00
 Fee > 500gpd or commercial

This Application must be accompanied by two copies of the engineered plan for the Sewage Disposal System, and payment of the above referenced fee.

A. Facility Information

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Application is hereby made for a permit to: Construct a new on-site sewage disposal system
 Repair or replace an existing on-site sewage disposal system
 Repair or replace an existing system component

1. Location:

Address or Lot # _____
 City/Town _____ State _____ Zip Code _____

2. Owner Information

Name _____
 Address (if different from above) _____
 City/Town _____ State _____ Zip Code _____
 Telephone Number _____

3. Installer Information

Name _____ Name of Company _____
 Address _____
 City/Town _____ State _____ Zip Code _____
 Telephone Number _____

4. Designer Information

Name _____ Name of Company _____
 Address _____
 City/Town _____ State _____ Zip Code _____
 Telephone Number _____



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Board of Health
Application for Sewage Disposal System
Construction Permit**

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A. Facility Information (continued)

5. Type of Building:

Dwelling Number of Bedrooms 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

7. Design Flow (minimum):

_____ Gallons per Day
 _____ Calculated Daily Flow
 _____ Gallons

7. Plan:

_____ Date of Original _____
 _____ Number of Sheets _____ Revision Date _____
 _____ Title of Plan _____

8. Name of Soil Evaluator:

Date of Soil Evaluation:

9. Description of Repairs or Alterations (if applicable):

