

**Town of Wakefield
Board of Health
William J. Lee Memorial Town Hall
One Lafayette Street
Wakefield, MA. 01880
Tel. (781) 246-6375 Fax. (781) 224-5018**



Application for Disposal Works Construction Permit

Permit Fee: \$50.00

(Please Print)

Application is hereby made for a permit to construct () or repair () an Individual Sewage Disposal System at:

Location/Address _____ or Lot No. _____

Owner: _____ Address _____

Contractor: _____ Address _____

Type of Building _____ Lot Size _____ sq. feet

Dwelling – No. of Bedrooms _____ Expansion Attic () Garbage Grinder ()

Other type of Building _____ No. of persons _____ Showers ()

Cafeteria () Other fixtures _____

Design Flow _____ gallons per person per day. Total daily flow _____ gallons.

Septic Tank- liquid capacity _____ gallons Length _____ Width _____

Diameter _____ feet Depth _____ feet

Disposal Trench No. _____ Width _____ Total Length _____ Total Leaching Area _____ sq. ft.

Disposal Pit, Gallery, Chamber

No. _____ Diameter _____ Depth Below Inlet _____ Total Leaching Area _____ sq. ft.

Other Distribution Box () Dosing Tank ()

Percolation Test Results: Performed by _____ Date _____

Test Pit No. 1 _____ minutes per inch Depth of Test Pit _____

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Depth to Ground _____

Description of Soil _____

Nature of repairs or alterations (answer when applicable) _____

AGREEMENT:

The undersigned agrees to construct the afore described individual sewage disposal system in accordance with the provision of Title V of the Environmental Code and the Town of Wakefield Board of Health Rules and Regulations. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Owner
Application approved by _____

Date

Date

Application disapproved for the following reasons: _____
