Nashoba Associated Boards of Health 30 Central Avenue Ayer, MA 01432 (978) 772-3335 (800) 427-9762

| □ \$150.00-Application & Plan Review | | |
|--|--|--|
| \$175.00-Application & Plan Review (if I/A technology use) | | |
| \$250.00-Application & Plan Review/Perc Rate Exceeds 30 min/inch | | |
| (unless \$100 retesting fee previously paid) | | |
| □ \$225.00-Permit Issue & System Inspection | | |
| □ \$275.00-I/A Permit Issue & System Inspection | | |
| □ \$125.00-Permit for Septic Tank, Sewer Line or D-box replacement | | |
| FEE LISTED ABOVE ARE FOR SYSTEMS LESS THAN 2000GPD | | |

Application for a Sewage Disposal Works Construction Permit

| Town | Assessor's Map# | Parcel # | |
|--|--------------------------------------|-----------------------------------|--|
| Street Location | | Lot# | |
| Directions to Propert | y | | |
| New Existing Dwelling Business Industrial Other Restaurant | Number of Bedrooms | quare Feet of Floor Space | |
| Name of Engineer | Please submit 2 copies of the Engine | Telephoneeered Plan for this lot | |
| Name of Owner | | Telephone | |
| Address | | Town | |
| *Applicant's Name (must be owner or prospective owner) | | | |
| Address | Town | Telephone | |
| Daytime Telephone N | umber Business | Residence | |
| Email Address: | (for use by this office | e/BOH offices for correspondence) | |
| THE INFORMATION GIVEN ABOVE IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT | | | |
| Date | Signature of Applicant | | |

*NAME TO APPEAR ON PERMIT-The Owner/Applicant is aware of their requirements of the permit and approvals. There is a 15% processing charge on all refunds.