



# Application for Septic Disposal System Construction Permit – TOWN OF NORTH ANDOVER, MA 01845

TODAY'S DATE \_\_\_\_\_

**\$350.00 - Full Repair**  
**\$175.00 - Component**

**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 – What? \_\_\_\_\_

## A. Facility Information

Address or Lot # \_\_\_\_\_

City/Town \_\_\_\_\_

## 2.- \*TYPE OF SEPTIC SYSTEM\*:

- >  Pump  Gravity (choose one)

\*\*\*If pump system, attach copy of electrical permit to application\*\*\*

- >  Conventional System (pipe and stone system)
- >  Infiltrator or Biodiffuser (Gravel-Less) (Attach a copy of your certification to install this type of system.)
- >  Pressure Distribution S.A.S. (No D-Box)
- >  Pressure Dosed (D-Box Present) S.A.S.
- >  Does the system require an effluent filter? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, does plan specify make and model of filter? YES = (no further info. needed)**  
**NO = (installer must specify brand of filter before DWC issuance)**

What is the Make? \_\_\_\_\_ What is the Model? \_\_\_\_\_

## 2. Owner Information

Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_ Telephone Number \_\_\_\_\_

## 3. Installer Information

Name \_\_\_\_\_ Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (Cell Phone # if possible please) \_\_\_\_\_

## 4. Designer Information

Name \_\_\_\_\_ Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (Best # to Reach) \_\_\_\_\_



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**PAGE 2 OF 2**

**A. Facility Information continued....**

5. **Type of Building:**  Residential Dwelling or  Commercial

**B. Agreement**

*The undersigned agrees to ensure the construction and maintenance of the afore-described on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code, as well as the Local Subsurface Disposal Regulations for the Town of North Andover. I understand that until a final Certificate of Compliance has been issued by this Board of Health, the installed system is not approved.*

\_\_\_\_\_  
Name Date

Application **Approved By:** *(Board of Health Representative)*

\_\_\_\_\_  
Name Date

Application **Disapproved** for the following reasons:

**For Office Use Only:**

- 1. *Fee Attached?* Yes\_\_\_ No\_\_\_
- 2. *Project Manager Obligation Form Attached?* Yes\_\_\_ No\_\_\_
- 3. *Pump System? If so, Attach copy of Electrical Permit Applicant received copy of "Electrical Inspection Notes for Septic Systems" Handout?* Yes\_\_\_ No\_\_\_
- 4. *Reviewed approval letter, all paperwork received?* Yes\_\_\_ No\_\_\_

*Missing:* \_\_\_\_\_

- 5. *Foundation As-Built? (new construction only): (Same scale as approved plan)* Yes\_\_\_ No\_\_\_
- 6. *Floor Plans? (new construction only):* Yes\_\_\_ No\_\_\_