

TOWN OF NORTH ANDOVER
Community & Economic Development
HEALTH DEPARTMENT
120 Main Street
NORTH ANDOVER, MASSACHUSETTS 01845



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SEPTIC PLAN SUBMITTAL
FORM

Date of Submission: _____

Site Location: _____

Engineer: _____

New Plans? Yes _____ \$275/Plan Check # _____ (includes 1st submission and one re-review only)

Revised Plans? Yes _____ \$125/Plan Check # _____

Site Evaluation Forms Included? Yes _____ No _____

Local Upgrade Form Included? Yes _____ No _____

Telephone #: _____ Fax #: _____

E-mail: _____

Homeowner
Name: _____

OFFICE USE ONLY

When the submission is complete (including check):

- _____ Date stamp plans and letter
- _____ Complete and attach Receipt
- _____ Copy File; Forward to Consultant
- _____ Enter on Log Sheet and Database