

9A - APPLICATION FOR LOCAL UPGRADE APPROVAL

Commonwealth of Massachusetts
North Andover, Massachusetts

Application for Local Upgrade Approval
Title 5, 310 CMR 15.000
DEP approved form required by 310 CMR 15.403(1)

To be submitted to Local Approving Authority/Board of Health: For the upgrade of a failed or non-conforming system with a design flow of <10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

To be submitted to DEP: For the upgrade of a failed or non-conforming system with a design flow of 10,000 up to 15,000 gpd and/or for upgrade of state or federal facility, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

NOTE: Local upgrade approval **shall not be granted** for an upgrade proposal that includes the addition of new design flow to a cesspool or privy or the addition of new design flow above the existing approved capacity of a system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

1) Facility/System Owner:

Name: _____
Address: _____
Phone #: _____
Address of facility: _____

2) Applicant (if different from above):

Name: _____
Address: _____
Phone #: _____

3) Type of Facility:

___ Residential ___ Commercial ___ School ___ Institutional

(Specify) _____

4) Type of Existing System:

privy cesspool(s) conventional system
 other(describe) _____

(Type of soil absorption system (trenches, chambers, pits, etc.)

5) Design Flow Based on 310 CMR 15.203:

- a) Design flow of existing system _____gpd
 Approved: yes Approved date: _____
- b) Design flow of proposed upgraded system _____gpd
- c) Design flow of facility _____gpd

6) Proposed upgrade of existing system is:

- a) Voluntary
 Required by order, letter, etc. (attach copy)
 Required following inspection required by 310 CMR 15.301
 (provide date inspection form was submitted to the approving authority)
 _____ (date)

b) Describe the proposed upgrade to the system:

c) Which of the following are applicable to the proposed upgrade?

- Reduction of setback(s) (list) (setbacks to be reduced with proposed setback distances).
- Percolation rate of 30-60 minutes per inch (state actual perc rate).
- Up to 25% reduction in subsurface disposal area design requirements (state required & proposed size).

Relocation of water supply well (identify well, describe relocation).

Other requirements of 310 CMR 15.000 that cannot be met (specify sections of the code).

System upgrades that cannot be performed in accordance with 310 CMR 15.404 & 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 - 15.417.

7) If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high ground water elevation pursuant to 310 CMR 15.405(1)(i)(1). The evaluator must be a member or agent of the local approving authority.

Distance from soil absorption system to high groundwater _____ feet.

As determined by:

Evaluator's

Name: _____

Evaluator's Signature: _____

Date of Evaluation: _____

8) Notice to Abutters:

No application for upgrade approval in which the setback from property lines or a private water supply well is reduced shall be complete until the applicant has notified all abutters whose property or well is affected by certified at least ten days before the Board of Health meeting at which the upgrade approval will be on the agenda. Such notice shall include the date, time and place where the upgrade approval will be discussed.

If the Department is the approving authority, then such notice to abutters must be completed prior to the date of submission of the application to the Department.

The notices to abutters shall include a copy of the completed application form and shall reference the standards set forth in 310 CMR 15.402 through 15.405.



List of affected abutters:

Abutter's Name _____ Date notified _____
Address _____

Abutter's Name _____ Date notified _____
Address _____

Abutter's Name _____ Date notified _____
Address _____

9) Explain why full compliance, as defined in 310 CMR 15.404(1), is not feasible (each section must be completed):

a) _____

- b) An alternative system approved pursuant to 310 CMR 15.288 is not feasible.
- c) A shared system is not feasible.
- d) Connection to a sewer is not feasible.

10) An application for a disposal system construction permit, including all required attachments (e.g. plans & specifications, site evaluation forms), must accompany this application. Is the DSCP application attached?

_____yes _____no



11) Certification

“I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for knowing violations.”

Facility Owner’s Signature

Date

Print Name

Name of Preparer

Date

Telephone # & Address of Preparer

NOTE: Title 5, 310 CMR 15.403(4), requires the system owner or operator to submit to the Department a copy of the local upgrade approval upon issuance by the Board of Health and prior to commencement of construction.
