



Town of Boylston-Board of Health  
 221 Main Street  
 Boylston, MA 01505  
 Tel (508) 869-6828; Fax (508) 869-6210

# Septic Application

Commercial Use Only Page 1 of 2

_____ Property Location and Owner's Name (if not applicant)	_____ Applicant's Name
_____ Assessors Map and Parcel ID	_____ Address
_____ Builder's Lot Number (if Applicable)	_____ Telephone Number

  

_____ Engineer/Designer's Name	_____ Telephone Number
_____ Address	_____ PE Number

## SOIL TESTING

1. Complete the sections above for Property Location, Owner's Name, Applicant's Name and Engineer's Name.
2. Check the appropriate box below for the type of testing to be witnessed.
3. Attach a check for the corresponding fee, made payable to: Town of Boylston. The fee is non-refundable.
4. Mail the application and fee to Board of Health, 221 Main Street, Boylston MA 01505.
5. Testing will be scheduled in order of application date.
6. Retain a copy of this application and re-use it to apply for Plan Review (lower portion of sheet)

<b>CHECK ONE:</b>	<b>PERC RATE @ <u>0-30 MPI</u></b>	<b><u>31-60 MPI</u></b>
<input type="checkbox"/> New Construction <input type="checkbox"/> Repair <input type="checkbox"/> Upgrade	\$300 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>
Individual Soil Testing: Deep Hole Perc	\$200 <input type="checkbox"/>	\$ 800 <input type="checkbox"/>

## PLAN REVIEW

1. Provide details of septic design as outlined below.
2. Check the appropriate box for the fee. Obtain Applicant's Signature and attach a check made payable to Town of Boylston.
3. Submit four (4) copies of plan at least seven (7) days prior to BOH's regular monthly meeting (typically 4<sup>th</sup> Monday of month).
4. One revision will be allowed. Subsequent revisions will be considered upon receipt of revision review fee (listed below).
5. Mail application, plans and fee to: BOH, 221 Main Street, Boylston MA 01505.  
**NOTE:** Board of Health Rules & Regulations follow Title V **with some exceptions**. Copies of Regulations available from Town Clerk at cost.
6. Once the plan is submitted to Agent for review, the fee is non-refundable.

### SEPTIC DESIGN DETAILS

New Construction <input type="checkbox"/>	Number of bedrooms _____
Repair/Upgrade of Existing System <input type="checkbox"/>	Design Flow (gal per day) _____
	Calculated Daily Flow (gal) _____
Plan Date _____	Description of Soil _____
Revision Date _____	
Number of Sheets _____ of _____	Name of Soil Evaluator _____
	Date of Soil Evaluation _____

<b><u>Per Plan Review Fees</u></b>	<b>PERC RATE @ <u>0-30 MPI</u></b>	<b><u>31-60 MPI</u></b>
Individual Conventional System	\$300 <input type="checkbox"/>	\$500 <input type="checkbox"/>
Shared System, Innovative/Alternative Technology, etc.	\$500 <input type="checkbox"/>	\$500 <input type="checkbox"/>
Each Additional Revision	\$100 <input type="checkbox"/>	\$100 <input type="checkbox"/>

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSTRUCTION/INSPECTION PERMIT**

1. Fill out sections below for Property Location and Owner's Name and Installer's Name, Address and License #.
2. Indicate what kind of permit is being applied for by checking the appropriate box next to the **FEES**.
3. Just below the Fee section, complete the date of BOH approved plans, if installing a new or upgraded system, or provide details of the component(s) to be repaired.
4. Installer must sign and date application. Also, make a note of the requirement that installer must provide an "As Built" plan.
5. Submit application and payment to: Board of Health, 221 Main Street, Boylston MA 01505.
6. Make checks payable to Town of Boylston. Fee is non-refundable.

\_\_\_\_\_  
Property Location and Owner's Name

\_\_\_\_\_  
Assessor's Map and Parcel ID

\_\_\_\_\_  
Builder's Lot Number (if Applicable)

**FEES**                      **PERC RATE @**    **0-30 MPI**    **31-60 MPI**

Construction Permit: (**CHECK ONE**)

New   Repair   Upgrade System    \$500     \$500

\_\_\_\_\_  
**PRESBY CERTIFICATION # (REQUIRED)**

\_\_\_\_\_  
**DIG SAFE # (if Applicable)**

\_\_\_\_\_  
Installer's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Boylston License Number

Component Repair Permit: (**CHECK ONE**)

Septic Tank Repair                      \$100     \$100   
Replacement Only                      \$100     \$100   
D-Box or Line Repair/Replace        \$100     \$100

**\*\*IMPORTANT NOTES TO INSTALLER\*\***

1. If there are any deviations between the site conditions and the approved plan, it is your responsibility to notify both the Sanitation Agent and the design engineer for approval to continue construction.
2. Inspection requires a minimum of 24-hour notice to the Sanitation Agent and certifying engineer.
3. You must provide the Board of Health with a copy of an "As-Built" plan on a sheet of paper measuring at least 8½" x 11" bearing your letterhead, the property location (street name & number) and the applicant's name. Measurements must include ties from 2 corners of the foundation to center of septic tank, center of d-box and end of trenches or bed.

Installer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATE OF COMPLIANCE**

***NOTE: All requests for Certificates of Compliance must be made within 60 days of completion of construction and final inspection.***

Submit the following items:

- |  | <b>PERC RATE @</b> | <b><u>0-30 MPI</u></b>         | <b><u>31-60 MPI</u></b>        |
|--|--------------------|--------------------------------|--------------------------------|
| 1. Engineer's Stamped "As Built" Plan (minimum of two copies)                        |                    | <input type="checkbox"/>       |                                |
| 2. Installer's "As Built" Plan (on attached BOH Form)                                |                    | <input type="checkbox"/>       |                                |
| 3. Certificate of Compliance (on DEP Approved Form) signed by Engineer and Installer |                    | <input type="checkbox"/>       |                                |
| 4. Check made payable to Town of Boylston  |                    | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$100 |

Sign this section of application and mail with required "As Built" plans, partially completed Certificate of Compliance and payment to: Board of Health, 221 Main Street, Boylston MA 01505.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_