Town of Boylston Board of Health boh@boylston-ma.gov
221 Main Street, Boylston MA 01505 ** Telephone (508) 869-6828 ** Fax (508) 869-6210

SEPTIC APPLICATION for RESIDENTIAL USE

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 **ALL** sections above for Property Location, Applicant's Name, Assessor's Map and Parcel, 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.

CHECK ONE (FEE $250): □New Construction □Repair □Upgrade □Individual Soil Testing: Deep Hole Perc **FEE $150**

PLAN REVIEW/PERMITS

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 five (5) copies of plan at least seven (7) days prior to BOH's regular monthly meeting (typically 4th Monday of the 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: Board of Health, 221 Main Street, Boylston MA 01505.
   NOTE: BOH Rules & Regulations follow Title 5 **with some exceptions**. Copies of Regulations are available from the Town Clerk.
6. Once the plan is submitted to Agent for review, the fee is non-refundable.

SEPTIC DESIGN DETAILS

New Construction □
Repair/Upgrade of Existing System □

Number of bedrooms _____
Design Flow (gal per day) _____
Calculated Daily Flow (gal) _____

Plan Date _____
Revision Date _____
Number of Sheets _____ of _____

Description of Soil _____
_____
Name of Soil Evaluator _____
Date of Soil Evaluation _____

Per Plan Review Fees

Individual Conventional System	See FEE SCHEDULE (revised July 2017)
Shared System, Innovative/Alternative Technology, etc.	See FEE SCHEDULE (revised July 2017)
Each Additional Revision	See FEE SCHEDULE (revised July 2017)

Applicant's Signature _____ Date _____

CONSTRUCTION/INSPECTION PERMIT

1. Fill out **ALL** sections below. Include Presby Certification Number and Dig Safe Number if applicable.
2. Indicate what kind of permit is being applied for by checking the appropriate box next to CONSTRUCTION PERMIT FEE.
3. Installer must sign and date application. Also, make note of the requirement that installer must provide an "As Built" plan.
4. Submit application and payment to: Board of Health, 221 Main Street, Boylston MA 01505. Fee is non-refundable.

CONSTRUCTION PERMIT (FEE $250) □New □Repair □Upgrade System

_____
Property Location and Owner's Name

_____
Assessor's Map and Parcel ID

_____
Builder's Lot Number (if Applicable)

_____ _____
PRESBY CERTIFICATION # (REQUIRED) **DIG SAFE # (if Applicable)**

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 Name

_____
Address

_____
City/State/Zip

_____
Telephone Number

_____
Boylston License Number

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:
1. Engineer's Stamped "As Built" Plan (minimum of two copies)
2. Installer's "As Built" Plan (on attached BOH Form)
3. Certificate of Compliance (on DEP Approved Form 3) signed by Engineer and Installer
4. Fee of **$50.00**

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

Applicant's Signature _____ Date _____