Commonwealth of Massachusetts
City/Town of

Disposal System Construction Permit

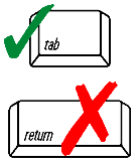
Form 2A

Number

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

Permission is hereby granted to:

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Name

Name of Company

Address

City/Town

State

Zip Code

to perform the following work on an on-site sewage disposal system:

- ☐ Construction
- ☐ Repair or replacement
- ☐ Repair or replacement of system components

Facility Address

City/Town

State

Zip Code

Owner

Telephone Number

The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

All construction must be completed within three years of the date below.

Approved by

Date

Title