



**Disposal Works Construction  
Permit Application**  
Acton Board of Health  
Health Dept. Phone: 978-929-6632  
[health@acton-ma.gov](mailto:health@acton-ma.gov)

**Form  
A-2**

No. \_\_\_\_\_

Fee Total: \_\_\_\_\_

**FEE SCHEDULE**

	Plan Review	Inspections		Review/Const.
<b>New Construction/ Increase in flow</b>			<b>Minor Repair</b>	
<549 GPD	____	210	____	185
550-1999 GPD	____	300	____	260
2000 – 5999 GPD	____	460	____	590
6000 – 9999+ GPD	____	870	____	965
<b>Repair/Replacement</b>				
<549 GPD	____	155	____	155
550-1999 GPD	____	250	____	250
2000 – 5999 GPD	____	405	____	485
6000 – 9999+ GPD	____	750	____	795
<b>Aquifer Protection Zone – Separate Application Required</b>				
Septic System Replacement	____	40		
Impervious Area Sq.Ft.	____	Varies		
<b>I/A Technology</b>				
I/A w/ periodic operation reporting *	____		85	
I/A w/o operation reporting	____		75	

**\*Operation Permit Renewal** required annually or with  
change in Use/Ownership for all I/A Technology with  
conditions of approval requiring periodic operation  
reporting

**DESIGNER/INSTALLER INFO**

DESIGNER/ENGINEER ADDRESS PHONE AND EMAIL

INSTALLER ADDRESS PHONE AND EMAIL

**PROJECT INFO**

LOT/NUMBER NUMBER/ STREET OWNER PHONE NUMBER/EMAIL ADDRESS (print only)

OWNER OF RECORD OWNER MAILING ADDRESS

DESIGN FLOW (GPD): \_\_\_\_\_ EXISTING DAILY FLOW (GPD): \_\_\_\_\_ NUMBER OF HABITABLE ROOMS: \_\_\_\_\_

TRENCH PERMIT #: \_\_\_\_\_

**Abandonment of existing septic system**

If applicable, please state how the septic system will be abandoned:

- Septic Tank will be pumped entirely of its contents and excavated and removed from site.
- Septic Tank will be pumped entirely of its contents, the bottom will be ruptured or opened and completely filled with clean sand or other suitable material approved in writing by the Approving Authority.
- Not applicable, system is new construction or existing tank will be utilized in new system (written permission from BOH)

I/A: Yes \_\_\_\_\_ No \_\_\_\_\_

TYPE: \_\_\_\_\_

MA DEP APPROVAL STATUS: General \_\_\_\_\_ Remedial \_\_\_\_\_ Pilot \_\_\_\_\_ Provisional \_\_\_\_\_

MA DEP I/A APPROVAL LETTER TRANSMITTAL NUMBER: \_\_\_\_\_ (From MA DEP approval letter)

**AGREEMENT**

The undersigned agrees to install the described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental Code and ARTICLE 11 & 16 of the Acton BOH Rules and Regulations - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Acton Board of Health.

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