

Town of Otis Health Department  
1 North Main St, P.O. Box 237  
Otis, MA 01253

FEE: \$100.00

Tel: (413) 269-0103 Fax: (413) 269-0104 E-Mail: [selectmen.otis@verizon.net](mailto:selectmen.otis@verizon.net)

**Application for Disposal Works Construction Permit**

All information must be completely filled out or it will be returned

Permit #: \_\_\_\_\_ Construct ( ) or repair ( ) an individual sewage disposal system:

Site Address: \_\_\_\_\_ Parcel # \_\_\_\_\_ Tax Map # \_\_\_\_\_

Owner: \_\_\_\_\_ Lic. Septic Installer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/state/zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Building: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Sq.Ft.Acreage: \_\_\_\_\_

Dwelling.No. of Bedrooms: \_\_\_\_\_ Expansion Attic: \_\_\_\_\_ Garbage Grinder \_\_\_\_\_

( ) Showers: \_ ( ) Cafeteria: \_\_\_\_\_ ( ) Hot Tub/Whirlpool/Other \_\_\_\_\_

Design Flow: \_\_\_\_\_ gal.per bedroom per day Total Daily Flow: \_\_\_\_\_ gal.

Septic Tank-Liquid Cap: \_\_\_\_\_ gal Length \_\_\_\_\_ Width Diameter: \_\_\_\_\_ Depth: \_\_\_\_\_

Disp. Trench No.: \_\_\_\_\_ Width: \_\_\_\_\_ Total Length: \_\_\_\_\_ Sq. Ft. Total Leaching Area \_\_\_\_\_ Sq Ft.

Disp. Bed No: \_\_\_\_\_ Width: \_\_\_\_\_ Total Length: \_\_\_\_\_ Sq. Ft. Total Leaching Area \_\_\_\_\_ Sq Ft.

Disp. Pit No. : \_\_\_\_\_ Width: \_\_\_\_\_ Total Length: \_\_\_\_\_ Sq. Ft. Total Leaching Area \_\_\_\_\_ Sq Ft.

( ) Other Distribution box ( ) Dosing Tank ( ) Pump Chamber

Percolation Test Results:

Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Perc Test No. \_\_\_\_\_ Min. Per inch \_\_\_\_\_ Depth of Perc Test \_\_\_\_\_

Perc Test No. \_\_\_\_\_ Min Per Inch \_\_\_\_\_ Depth of Perc Test \_\_\_\_\_

Depth of Ground Water: \_\_\_\_\_ Description of Soil \_\_\_\_\_

Nature of Repairs of Alterations- Answer when applicable : \_\_\_\_\_

**\*Please Make Check Payable for \$100.00 to the Town Of Otis, Board of Health\***

**Agreement: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code. The undersigned further agrees not to place the system in operation until The Town of Otis has issued a Certificate of Compliance.**

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Licensed Installer: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Application Disapproved for the following reasons: \_\_\_\_\_

