

Paid By _____
Check # _____ Date: _____
Check # _____ Date: _____

Permit No. _____
Soil Test App # _____
DWC App # _____

Town of Wayland
BOARD OF HEALTH

Tel (508) 358-3617 Fax (508) 358-3619

Email: health@wayland.ma.us

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

\$ 300.00 SOIL TEST APPOINTMENT FEE

\$ _____ AT PLAN SUBMITTAL

Description of construction, repairs, or alterations: ☐ Individual component(s) ☐ Complete System

Application is hereby made for a permit to locate and: ☐ Construct, ☐ Alter, or ☐ Upgrade an individual sewage disposal system or system component, as indicated above and shown on plans submitted for:

Map/Parcel# _____ Lot size _____ sq. ft.

Location of Property _____ Lot # (if no address) _____

Name of Owner _____ Telephone# _____

Address of Owner _____

Name of Applicant _____ Telephone# _____

Address of Applicant _____

Type of Use _____ No. of Existing Bedrooms (if dwelling) _____

Existing Flow (gal/day) _____ Proposed Flow (gal/day) _____

The undersigned acknowledges that they are making application on behalf and with approval of the subject property owner. Said owner and/or applicant must, before commencing construction or use of the system, which is the subject matter of this application, secure any and all other permits which may be required by the laws of the Town of Wayland and the Commonwealth of Massachusetts, including, wherever applicable, a building permit, any variances or special permits from the ZBA, any Planning Board approvals, or Order of Conditions from the Conservation Commission, as well as a Certificate of Compliance from the Board of Health upon completion. It is also acknowledged that the system must be installed by a person or firm having a permit to install such systems in the Town of Wayland.

Applicant should be aware of his/her obligation to notify the Wayland Conservation Commission of any activity associated with soil testing which may occur within the 100-foot buffer zone.

Soil Test Date _____ Designer's Name _____
(if known) _____ Address _____

Phone _____

Signature of Applicant _____ Date _____

Email for Approval Notifications (please print clearly): _____

Permit Number: _____

Date Issued: _____

Town of Wayland
BOARD OF HEALTH
Tel (508) 358-3617 Fax (508) 358-3619

SUBSURFACE SEWAGE DISPOSAL WORKS CONSTRUCTION PERMIT

Permission is hereby granted to a current Town of Wayland licensed subsurface sewage disposal system installer, on behalf of the property owner(s): _____

To: ☐ Construct, ☐ Alter, or ☐ Upgrade a sewage disposal system and/or component at: _____

in accordance with a plan by: _____, dated/revised through: _____.

No construction or use of the system, which is the subject matter of this permit, shall be commenced until all permits which may be required by the laws and regulations of the Town of Wayland and the Commonwealth of Massachusetts have been secured by the applicant, including a Certificate of Compliance. Additional conditions:

* The system is approved for a maximum of: () Bedrooms and/or a maximum of () gallons per day.

** Compliance with local Conservation Commission bylaws, Chapter 193 & 194, required (as applicable).

The aforesaid sewage disposal system shall comply in all respects with the provisions of 310 CMR 15.000 of the State Environmental Code and the Regulations of the Town of Wayland. Construction of said system shall be completed and the Certificate of Compliance obtained within three years of the date below. Unless a 1 year (maximum) extension pursuant to said code is issued, the permit, and any variances or local upgrade approvals from 310 CMR 15.000 or local regulations allowed therewith, shall expire at the time of permit expiration.

Date: _____

BOARD OF HEALTH AGENT

NOTE: Within 30 days of system completion, an as-built plan & certification shall be produced and submitted to the Health Department by the Septic Designer and Licensed Installer of record which contains language and/or shows that the construction of the disposal system, including final grading, have been done in conformance with the final approved plans, that the materials used conform to the plan specifications, as well as all applicable State & local regulations (unless specifically noted).

No liability is incurred by the Town of Wayland or its Agent by reason of any approval of a wastewater disposal or treatment system. Approval by the Town is based on plans and specifications supplied by the applicant. No guarantee is intended or implied by reason of any approval given by the Wayland Board of Health or its Agent.

Permit & Approved Plans Received By: _____ Date: _____

Wayland Licensed Septic Installer: _____ Date: _____