

Paid By _____
Check # _____

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

**BOARD OF HEALTH
WAYLAND, MASSACHUSETTS**

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

Application Fee:

\$ _____ PRIOR TO SOIL TESTS \$ _____ 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 Repair
an individual sewage disposal system as shown in the plans submitted for the following property at:

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

Location of Property _____ Lot# _____

Name of Owner _____ Telephone# _____

Address of Owner _____

Name of Applicant _____ Telephone# _____

Address of Applicant _____

Type of Building _____ No. of Bedrooms (if dwelling) _____

Existing Flow (gpd) _____ Proposed Flow (gpd) _____

If other than a dwelling, estimated flow _____ (gpd)

The undersigned acknowledges that he/she 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 Notification, if desired): _____

Permit Number: _____

Date Issued: _____

**BOARD OF HEALTH
WAYLAND, MASSACHUSETTS**

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 locate and Construct, Alter, or Repair an individual sewage disposal system at:

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 of the Town of Wayland, and the Commonwealth of Massachusetts shall have been secured by the applicant, including a Certificate of Compliance.

Conditions (if applicable): _____

The aforesaid individual sewage disposal system shall comply in all respects with the provisions of Title 5 of the State Environmental Code and the Regulations of the Town of Wayland.

It is understood that the system must be constructed by a person or firm holding a Disposal Works Installers Permit in the Town of Wayland.

This permit shall expire three (3) years from the date shown below unless the construction permitted hereby shall have begun prior thereto.

Date _____

NOTE: FINAL GRADING MUST BE COMPLETED &
INSPECTED/CONFIRMED IN ORDER TO
OBTAIN A CERTIFICATE OF COMPLIANCE

BOARD OF HEALTH

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.

Prior to any construction of a septic system, the location and elevation of the top of the foundation shall be located by a Registered Land Surveyor or Registered Professional Engineer and shall be submitted to the Board of Health on a plan bearing the seal and signature of the Registered Land Surveyor or Registered Professional Engineer.

Prior to issuance of a certificate of compliance, the installer shall submit to the Board of Health, a sketch showing dimensions from the building corners to the septic tank opening and distribution box and leaching area. The designer shall submit a certified as-built plan, as required by Title 5.

Permit and Approved Plans Received By: _____ Date: _____