



# Application for Septic Disposal System Construction Permit – TOWN OF NORTH ANDOVER, MA 01845

TODAY'S DATE \_\_\_\_\_

\$ 250.00 – Full Repair  
\$125.00 - Component

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



**Application is hereby made for a permit to:**

- Construct a new on-site sewage disposal system\*
- Repair or replace an existing on-site sewage disposal system\*
- Repair or replace an existing system component – What? \_\_\_\_\_

## A. Facility Information

Address or Lot # \_\_\_\_\_

City/Town \_\_\_\_\_

## 2.- \*TYPE OF SEPTIC SYSTEM\*:

- Pump     Gravity (choose one)  
\*\*\*If pump system, attach copy of electrical permit to application\*\*\*
- Conventional System (pipe and stone system)
- Infiltrator or Biodiffuser (Gravel-Less) (Attach a copy of your certification to install this type of system.)
- Pressure Distribution S.A.S. (No D-Box) (Attach Draft Maintenance Agreement)
- Pressure Dosed (D-Box Present) S.A.S.

## 2. Owner Information

Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

## 3. Installer Information

Name \_\_\_\_\_ Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (Cell Phone # if possible please) \_\_\_\_\_

## 4. Designer Information

Name \_\_\_\_\_ Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (Best # to Reach) \_\_\_\_\_



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**PAGE 2 OF 2**

**A. Facility Information continued....**

5. **Type of Building:**  Residential Dwelling or  Commercial

**B. Agreement**

*The undersigned agrees to ensure the construction and maintenance of the afore-described on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code, as well as the Local Subsurface Disposal Regulations for the Town of North Andover, and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Application **Approved** By: *(Board of Health Representative)*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Application **Disapproved** for the following reasons:

**For Office Use Only:**

- |   |                |               |
|---|----------------|---------------|
| 1. <i>Fee Attached?</i>   | <i>Yes</i> ___ | <i>No</i> ___ |
| 2. <i>Project Manager Obligation Form Attached?</i>                                       | <i>Yes</i> ___ | <i>No</i> ___ |
| 3. <i>Pump System? If so, Attach copy of Electrical Permit</i>                            | <i>Yes</i> ___ | <i>No</i> ___ |
| 4. <i>Foundation As-Built? (new construction only):<br/>(Same scale as approved plan)</i> | <i>Yes</i> ___ | <i>No</i> ___ |
| 5. <i>Floor Plans? (new construction only):</i>   | <i>Yes</i> ___ | <i>No</i> ___ |