

**TOWN OF NORTH ANDOVER**  
**Office of COMMUNITY DEVELOPMENT AND SERVICES**  
**HEALTH DEPARTMENT**  
**1600 OSGOOD STREET; SUITE 2035**  
**NORTH ANDOVER, MASSACHUSETTS 01845**



**Susan Y. Sawyer, REHS/RS**  
**Public Health Director**

978.688.9540 – Phone  
978.688.8476 – FAX

E-MAIL: [healthdept@townofnorthandover.com](mailto:healthdept@townofnorthandover.com)  
WEBSITE: <http://www.townofnorthandover.com>

**SEPTIC PLAN SUBMITTAL FORM**

Date of Submission: \_\_\_\_\_

Site Location: \_\_\_\_\_

Engineer: \_\_\_\_\_

New Plans? Yes \_\_\_\_\_ \$225/Plan Check # \_\_\_\_\_ (includes 1<sup>st</sup> submission and one re-review only)

Revised Plans? Yes \_\_\_\_\_ \$75/Plan Check # \_\_\_\_\_

Site Evaluation Forms Included? Yes \_\_\_\_\_ No \_\_\_\_\_

Local Upgrade Form Included? Yes \_\_\_\_\_ No \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Homeowner  
Name: \_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY**

When the submission is complete (including check):

- \_\_\_\_\_ Date stamp plans and letter
- \_\_\_\_\_ Complete and attach Receipt
- \_\_\_\_\_ Copy File; Forward to Consultant
- \_\_\_\_\_ Enter on Log Sheet and Database