



# City of Westfield, Massachusetts

## Health Department

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**Public Health**  
Prevent. Promote. Protect.

Westfield Health Department

### APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

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

Facility Address: \_\_\_\_\_ or Lot No. \_\_\_\_\_

Owner/Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (If Different): \_\_\_\_\_

Installer: \_\_\_\_\_ Phone: \_\_\_\_\_

Designer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Type of Building:** ( if Yes) Dwelling -  Garbage Grinder -  No. of Bedrooms \_\_\_\_\_  
 \_\_\_\_\_ GPD as designed Minimum required daily flow \_\_\_\_\_ GPD

Sizing information for other types of facilities (include Type, # of sizing unit, GPD, Min. GPD etc):

\_\_\_\_\_  
\_\_\_\_\_

**Septic Tank:** New -  Existing -  **Distribution Box:** New -  Existing -

**Disposal Trench:** – No. \_\_\_\_\_ Width \_\_\_\_\_ Total Length \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.

**Disposal Bed:** Length \_\_\_\_\_ Width \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.

**Date on Plan** \_\_\_\_\_ **No. of Sheets** \_\_\_\_\_ **Revision Date** \_\_\_\_\_

**Percolation Test Results:** Performed by \_\_\_\_\_ Date \_\_\_\_\_

Test Pit No. 1 \_\_\_\_\_ minutes per inch – Depth of Test Pit \_\_\_\_\_

Test Pit No. 2 \_\_\_\_\_ minutes per inch – Depth of Test Pit \_\_\_\_\_

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

Nature of Repairs or Alterations – Answer when applicable: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Health Dept. Use Only: \_\_\_\_\_ Permit #: \_\_\_\_\_

Approval Date & Initials \_\_\_\_\_ Final Inspection Date & Initials \_\_\_\_\_

**AGREEMENT**

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of 310 CMR 15.00 (State Environment Code, Title 5). The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

_____	_____
OWNER/AGENT SIGNATURE	DATE
_____	_____
HEALTH DEPARTMENT APPROVAL SIGNATURE	ISSUE DATE

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

**PLOT PLAN:** (Shall include): Address and description of property location adequate to direct the Inspector; North arrow; boundaries; easements, if any; location of all present or proposed structures; all walks and driveways; direction and approximate slope of subsurface drainage on natural or finished grade; location of existing or proposed individual water supplies within 200 feet of the individual sewage disposal system; the location of streams, drains (including subsurface drains); the location of test pits; the results of percolation tests, soil log to a depth of four feet below the bottom of the leaching facility.

**NOTES:**

- THIS PERMIT IS NOT VALID IF CONDITIONS SET FORTH IN THE APPLICATION HAVE CHANGED PRIOR TO OR DURING ACTUAL CONSTRUCTION OF THE DISPOSAL SYSTEM.
- THIS PERMIT SHALL EXPIRE THREE YEARS FROM THE DATE OF ISSUE UNLESS CONSTRUCTION OF THE SYSTEM IS BEGUN BEFORE THE EXPIRATION DATE.
- WELL MUST BE INSTALLED PRIOR TO CALLING FOR AN INSPECTION.
- SEPTIC TANK INSTALLATION MUST BE INSPECTED BEFORE COVERING.
- CONTRACTOR IS REQUIRED TO WORK OFF OF AN APPROVED PLAN AVAILABLE ON-SITE



**CITY OF WESTFIELD  
DISPOSAL WORKS CONSTRUCTION PERMIT**

With the approval of this application and plan (noted by Health Department Signature above) permission is hereby granted to construct/repair the on-site sewage disposal system as detailed in the application and attached plan.

**Inspection does not serve as guarantee that the system will function satisfactorily.**