



TOWN OF CHARLTON
37 MAIN STREET
CHARLTON, MA. 01507
508-248-2210

BOARD OF HEALTH

Charlton Permit # _____
(Obtain from Application for soils testing)

DISPOSAL WORKS CONSTRUCTION PERMIT

Permission is hereby granted to construct an individual sewage disposal system at:

as described in the application for Disposal Works Construction Permit dated: _____
Construction shall be completed within three years of the date of the plan approval. Unless
a one year extension is applied for and granted according to 310 CMR 15.020(3)

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The undersigned agrees to install the above described Sewage Disposal System in accordance with the provisions of Title 5 and the Charlton Board of Health Code of Regulations and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Charlton Board of Health.

Signed: _____ Date: _____
Signature of Licensed Installer

(print name of installer) _____

This form is to be signed in the presence of a Charlton Board of Health Board member, Agent, Staff member – Valid Drivers Lic. required prior to any construction of the system.

NOTE: THE CHARLTON BOARD OF HEALTH RESERVES THE RIGHT TO REVOKE THE LICENSE OF ANY INSTALLER WHOSE WORK CONDUCTED UNDER THIS PERMIT DOES NOT CONFORM WITH THE REGULATIONS OF TITLE 5, THE CHARLTON BOARD OF HEALTH REGULATIONS, AND THE APPROVED DESIGN PLAN.

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For office use Only

Date Issued: _____ Board of Health : _____