

# Nashoba Associated Boards of Health

30 Central Avenue Ayer, Ma. 01432  
(978) 772-3335 (800) 427-9762



- ☐ \$150.00- Application & Plan Review
- ☐ \$175.00 - Permit Issue & System Inspections note size dependent
- ☐ \$75.00 - Permit for Septic Tank Replacement or Repair
- ☐ \$75.00 - Permit for Distribution Box Replacement or Repair

## Application for a Sewage Disposal Works Construction Permit

Town \_\_\_\_\_ Assessor's Parcel # \_\_\_\_\_ Map# \_\_\_\_\_

Street Location \_\_\_\_\_ Lot# \_\_\_\_\_

Directions to Property \_\_\_\_\_

- |                          |                                     |
|--------------------------|-------------------------------------|
| New                      | Existing                            |
| <input type="checkbox"/> | <input type="checkbox"/> Dwelling   |
| <input type="checkbox"/> | <input type="checkbox"/> Business   |
| <input type="checkbox"/> | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> | <input type="checkbox"/> Other      |
| <input type="checkbox"/> | <input type="checkbox"/> Restaurant |

Number of Bedrooms \_\_\_\_\_

Number of Employees \_\_\_\_\_

Gallons Per Day \_\_\_\_\_

Describe \_\_\_\_\_

Food Service ☐ yes ☐ no

Describe \_\_\_\_\_

Food Service ☐ yes ☐ no

Number of Seats \_\_\_\_\_

Lot Size \_\_\_\_\_ Water Supply ☐ Town ☐ Well on Property ☐ Community Water Supply

Name of Engineer \_\_\_\_\_ Telephone \_\_\_\_\_

Please Submit 2 Copies of the Engineered Plan for This Lot

Name of Owner \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Applicant's Name (must be owner or prospective owner) \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ ☐ Business ☐ Residence

**THE INFORMATION GIVEN ABOVE IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT**

Date \_\_\_\_\_  
rev.2/1/03

Signature of Applicant \_\_\_\_\_



**Nashoba Associated Boards of Health**  
**Environmental Health Service**  
30 Central Avenue, Ayer, Ma. 01432

**SOIL EVALUATION/GROUNDWATER TESTING**

(usually March - April)

Appointment Date \_\_\_\_\_

Appointment Time \_\_\_\_\_

**PERCOLATION TESTING/SOIL EVALUATION**

(usually after June 1st)

Appointment Date \_\_\_\_\_

Appointment Time \_\_\_\_\_

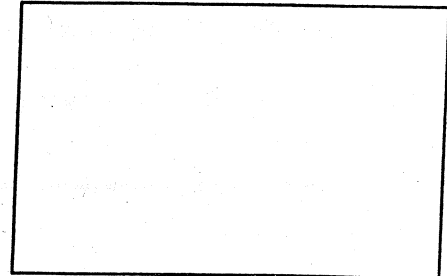
**REQUEST FOR LOT TESTING MUST BE SUBMITTED BETWEEN JAN. 1- MARCH 15 ONLY**

**Type of Testing**

- ☐ New Lot
- ☐ Retest of New Lot
- ☐ Existing Building
- ☐ Permit Renewal
- ☐ Upgrade Failed System
- ☐ Expansion of Existing System

**\$225.00/site to 2,000 gpd**  
**Consult Fee Schedule for**  
**Larger Systems**

**There is a 15% processing**  
**charge on all refunds**



**Town** \_\_\_\_\_ **Assessor's Parcel #** \_\_\_\_\_ **Map#** \_\_\_\_\_  
**Street Location** \_\_\_\_\_ **Lot#** \_\_\_\_\_  
**Directions to Property** \_\_\_\_\_

**THIS APPLICATION MUST BE ACCOMPANIED BY A PLAN OF THE LOT**

- |                          |                                     |
|--------------------------|-------------------------------------|
| <b>New</b>               | <b>Existing</b>                     |
| <input type="checkbox"/> | <input type="checkbox"/> Dwelling   |
| <input type="checkbox"/> | <input type="checkbox"/> Business   |
| <input type="checkbox"/> | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> | <input type="checkbox"/> Other      |
| <input type="checkbox"/> | <input type="checkbox"/> Restaurant |

**Number of Bedrooms** \_\_\_\_\_ **Water Supply** ☐ Public ☐ Well  
**Number of Employees** \_\_\_\_\_ **Square Feet of Floor Space** \_\_\_\_\_  
**Describe** \_\_\_\_\_ **Food Service** ☐ yes ☐ no  
**Describe** \_\_\_\_\_ **Food Service** ☐ yes ☐ no  
**Number of Seats** \_\_\_\_\_

**Name of Engineer** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
**Lot Size** \_\_\_\_\_ **Has property been surveyed?** ☐ yes ☐ no **Previously tested?** ☐ yes ☐ no  
**If yes, please give dates, and by whom** \_\_\_\_\_

**Owner's Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
**Address** \_\_\_\_\_

**Applicant's Name(must be owner or prospective owner)** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
**Daytime Telephone Number** \_\_\_\_\_ ☐ Business ☐ Residence

The information given above is, to the best of my knowledge and belief, true and correct. I have read the accompanying lot testing information sheet.

**Date** \_\_\_\_\_ **Signature of Applicant** \_\_\_\_\_

**(978) 772-3335 (800) 427-9762 FAX (978) 772-4947**



**Nashoba Associated Boards of Health**  
**Environmental Health Service**  
30 Central Avenue, Ayer, Ma. 01432

**MEMORANDUM**

1/12/04

TO: Engineers, Installers and Sanitarians

FROM: James A. Garreffo, R.S., C.H.O., Environmental Administrator *JAG*

SUBJECT: Lot Testing - 2004

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**LOT TESTING APPLICATION ACCEPTED**

The Nashoba Associated Boards of Health, which serves as the agent for the Boards of Health for Ashby, Berlin, Bolton, Groton, Harvard, Lancaster, Littleton, Shirley, and Townsend, will be accepting applications for groundwater and percolation testing, in the above mentioned communities, starting 1 January 2004.

The fee for lot testing will be two hundred (\$225.00) dollars and payable at the time of application. The deadline for submission of applications is 15 March 2004. The materials necessary at the time of application are:

1. Two hundred & twenty-five (\$225.00) dollar fee.
2. A copy of a plot plan of the land.
3. The plan must include the tax assessor's map and parcel number for the property being tested.
4. A completed copy of the application for testing.

Any applications received after 15 March 2004, will be subject to late charges. A twenty-five (\$25.00) dollar per lot per week late fee will be added to each application received after this date. The maximum fee per lot will be three hundred (\$325.00) dollars. Applications received after 15 March 2004, will be processed and tested as time and staffing allow.

Information and applications may be obtained by calling the Nashoba Associated Boards of Health office from 8:00am to 4:30pm, Monday through Friday, at one of the following numbers.

(978)772-3335

or

(800)427-9762

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