



OFFICE OF
BOARD OF HEALTH

5 SPRINGDALE AVENUE
P.O. BOX 250
DOVER, MASSACHUSETTS 02030

APPLICATION FOR AN INDUSTRIAL WASTEWATER HOLDING TANK:

No.: _____ Fee Paid: _____

Date: _____

I hereby petition the Board of Health of Dover for a permit to construct: (check which):
() leaching trenches () leaching pit () septic tank () ejector pump () or to alter
the drainage in a manner which meets the requirements of the Board of Health as set forth
in the Regulations and subject to such further conditions and requirements as are stated
below:

Address: _____

Owner: _____ Tel: _____

Specify *exact location* on the premises where sewage disposal facilities are to be installed.
(Reference may be made to plan submitted under 15.03 of the Regulations).

I agree to comply with all Board of Health Regulations and Title V of the State
Environmental Code. I agree that the proposed installation shall not be covered until a
final inspection has been made by the Agent for the Board of Health. I agree to maintain
toilet facilities on the property at all times when workmen are present. A triangulated
diagram, "as-built", will be submitted at the time of the final inspection, showing exact
locations of all parts of the system.

Signature of Installer

Signature of Owner

Installer Permit Number

Permit granted on _____, 20____, subject to the following conditions:

Signed: _____, Agent for the Board of Health

*Note: This permit will be revoked if toilet facilities are not present and maintained in
accordance with regulations. See Town of Dover Sewage Disposal Regulations 15.282 (4)*