



TOWN OF NORTHBRIDGE  
**BOARD OF HEALTH**

7 Main Street  
Whitinsville, MA 01588  
Phone (508) 234-3272 Fax# (508) 234-0821

**Permit #:** \_\_\_\_\_

**DISPOSAL SYSTEM CONSTRUCTION PERMIT**

*Permission is hereby granted to:*

\_\_\_\_\_  
Print Name

To perform the following work on an on-site sewage disposal system:

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

**System Location:** \_\_\_\_\_

As described in the **Application for Disposal System Construction Permit** dated \_\_\_\_\_.

\_\_\_\_\_  
*BOH Agent Approval Signature*

\_\_\_\_\_  
*Date*

*Construction shall be completed within three (3) years of the date of the plan approval.*

**REQUEST FOR SYSTEM INSTALLATION INSPECTIONS BY BOARD OF HEALTH**

**FEE: \$300.00**

Includes Bottom, Component Placement, Final Grading, & Stabilization Inspection  
(Check made payable to the Town of Northbridge)

**FEE: \$ 75.00 per inspection**

*If necessary*, additional Inspection Fee for Inspection of Retaining Wall/Interceptor Trench/Clay Barrier

I hereby make request to the Northbridge Board of Health for inspections of the installation of a sewage disposal system located at above address owned by: \_\_\_\_\_.

NAME OF INSTALLER \_\_\_\_\_

(Please print legibly)

\_\_\_\_\_  
*Signature of Installer*

**Inspection Process:** The installer shall contact the design engineer and the Board of Health office to request an inspection. The Board of Health Agent will have **48** hours to conduct his inspection and notify the installer of his findings. **ALL REQUESTS FOR INSPECTIONS MUST GO THROUGH THE BOARD OF HEALTH OFFICE**