



TOWN OF NORTHBRIDGE
BOARD OF HEALTH
Aldrich School Town Hall Annex - 14 Hill Street
Whitinsville, MA 01588
Phone# (508) 234-3272 Fax# (508) 234-0821

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

DISPOSAL WORKS CONSTRUCTION PERMIT

Permission is hereby granted to construct an individual sewage disposal system
or replace an individual system component as described in the
Application for Disposal Works Construction Permit dated: _____

at (System Location): _____

Construction shall be completed within three (3) 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)

*The undersigned agrees to install the above described Sewage Disposal System in accordance with the
provisions of Title 5 and the Northbridge 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 Northbridge Board of Health.*

Name of Installer: _____ Phone #: _____

Address: _____

Signature: _____ Date: _____

Signature of Licensed Installer

***This form is to be signed in the presence of a Northbridge Board of Health Board member, Agent, or
Staff member. Valid Driver's License required prior to the start of any construction on this system.***

**NOTE: THE NORTHBRIDGE 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 NORTHBRIDGE BOARD OF HEALTH
REGULATIONS, AND/OR THE APPROVED DESIGN PLAN.**

For office use Only

Date Issued: _____ Board of Health Agent: _____