

No.

BOARD OF HEALTH

Fee

TOWN OF READSBORO

BENNINGTON COUNTY, STATE OF VERMONT

Application for Disposal Works Construction Permit

Application is hereby made for a Permit to Construct () or Repair () an Individual Sewage Disposal System at:

Location - Address or Lot No.

Owner Address

Installer Address

Type of Building Size Lot.....Sq. feet

Dwelling - No. of Bedrooms.....Expansion Attic () Garbage Grinder ()

Other - Type of Building.....No. of persons.....Showers () - Cafeteria ()

Other fixtures

Design Flow.....gallons per person per day. Total daily flow.....gallons.

Septic Tank - Liquid capacity.....gallons Length.....Width.....Diameter.....Depth.....

Disposal Trench - No.Width.....Total Length.....Total leaching area.....sq. ft.

Seepage Pit No.....Diameter.....Depth below inlet.....Total leaching area.....sq. ft.

Other Distribution box () Dosing tank ()

Percolation Test Results Performed by.....Date.....

Test Pit No. 1.....minutes per inch Depth of Test Pit.....Depth to ground water.....

Test Pit No. 2.....minutes per inch Depth of Test Pit.....Depth to ground water.....

Description of Soil.....

Nature of Repairs or Alterations - Answer when applicable.....

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of the Vermont State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed.....Date.....

Application Approved By.....Date.....

Application Disapproved for the following reasons:.....Date.....

Permit No.....Issued.....Date.....

CHECK OR FILL IN WHERE APPLICABLE

BOARD OF HEALTH

OF

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by

Installer

at has been installed in accordance with the provisions of the Vermont State Sanitary Code as described in the application for Disposal Works Construction Permit No. dated

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE Inspector

BOARD OF HEALTH

OF

No.

FEE

Disposal Works Construction Permit

Permission is hereby granted to Construct () or Repair () an Individual Sewage Disposal System at No.

Street

as shown on the application for Disposal Works Construction Permit No. Dated

Board of Health

DATE