



## Board of Health

### Application for Small Component Repair/Replacement or Ejector Pump

Application Fee: \$ \_\_\_\_\_ Date of Submittal \_\_\_\_\_ Permit # \_\_\_\_\_  
(to be completed by Office)

Application is hereby made for a permit to *repair* ( ) or *replace* ( ) an individual sewage disposal system component as shown or recorded on a Title 5 Certification, or *install* ( ) a basement ejector pump located at:

Address of Property: \_\_\_\_\_

**Owner:** Name \_\_\_\_\_ Tel # \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

**Installer:** Name \_\_\_\_\_ Tel # \_\_\_\_\_ Installer Permit # \_\_\_\_\_

Explanation of Repair or Replacement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned acknowledges that he/she must, before commencing construction or use of the system which is the subject matter of this application, secure any and all other permits which may be required by the laws of the Town of Holliston and the Commonwealth of Massachusetts, including wherever applicable, an Order of Conditions from Conservation Commission, a building permit, a plumbing or gas permit, any variances or special permits from the ZBA, any Planning Board approvals as well as approval from the Board of Health upon completion. It is also acknowledged that a person or firm having a permit to install such systems in the Town of Holliston must install the system.

**SIGNATURE OF OWNER:** \_\_\_\_\_

Note for Distribution Box replacements:  
The D-Box and the piping out to the connection with the existing piping must be exposed for inspection

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### Approved – Holliston Board of Health

\_\_\_\_\_  
Ann McCobb, Director/Agent

\_\_\_\_\_  
Date Approved

BOARD of HEALTH  
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