



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 (check one):

- *repair* ()
- *replace* () an individual sewage disposal system component as shown or recorded on a Title 5 Certification
- *install* () a basement ejector pump located at:

Address of Property _____

Owner: Name _____ Email _____

Address _____ Phone _____

Installer: Name _____ Tel # _____ Installer Permit # _____

Explanation of Repair or Replacement _____

If ***Sewer Ejector Pump*** you must provide *pump specifications* (including tank size) _____

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.

Permit Approved – Holliston Board of Health

Scott Moles, Director/Agent

Date Approved

Inspection Date

BOARD of HEALTH
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