



**BOXBOROUGH BOARD OF HEALTH**  
 29 Middle Road, Boxborough, Massachusetts 01719  
 Phone: (978) 263-1116 • Fax: (978) 264-3127  
 www.town.boxborough.ma.us

and its agent, Nashoba Associated Boards of Health

**APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL SYSTEM**

<u>FEE SCHEDULE:</u>	<u>System Capacity (gpd)*</u>	<u>Cost</u>
	0 to 660 gpd	\$ 50.00
	661 to 1999 gpd	\$100.00
	2000 or over	\$80.00/1000 gpd.

\*System capacity to be based on Title 5 generation rates. BOH will review system capacity determinations based on use and space.

LOCATION WHERE WORK WILL BE DONE: ASSESSOR'S MAP \_\_\_\_ GROUP \_\_\_\_ PARCEL NO. \_\_\_\_

STREET ADDRESS \_\_\_\_\_

NAME OF SUBDIVISION (IF ANY) \_\_\_\_\_ SIZE OF LOT \_\_\_\_\_

LOT DESCRIPTION: WOODED[ ] CLEARED[ ] LEDGE[ ] SWAMP[ ] OTHER [ ]

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

DESCRIPTION OF APPLICANT: OWNER [ ] SUBCONTRACTOR [ ] REALTOR [ ]  
 CONTRACTOR [ ] AGENT [ ] ARCHITECT [ ]

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TYPE OF BUILDING (indicate number of bedrooms or employees & sq. ft. if business):

DWELLING \_\_\_\_\_ APARTMENT \_\_\_\_\_ CONDOMINIUM \_\_\_\_\_

BUSINESS \_\_\_\_\_ Employees/\_\_\_\_\_ sq. ft. OTHER (Specify) \_\_\_\_\_

WATER SUPPLY: PRIVATE [ ] ARTESIAN [ ] OTHER (Specify) \_\_\_\_\_

(All private wells will be considered part of the lot sanitary requirement and be subject to inspection and approval by NASHOBA ASSOCIATED BOARDS OF HEALTH before final Boxborough Board of Health Certificate of Compliance and Occupancy Approval is issued.)

I hereby agree to comply with all Board of Health regulations and the State Sanitary Code during all phases of developing the herein described lot and building.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

SIGNATURE OF BOXBOROUGH BOARD OF HEALTH \_\_\_\_\_

BOXBOROUGH FEE RECEIVED \$ \_\_\_\_\_