



TOWN OF MILLBURY

127 ELM STREET
MILLBURY, MA. 01527
508-865-4721

BOARD OF HEALTH

PLAN REVIEW SUBMITTAL CHECK LIST

The following must all be submitted to consider the plan review application package complete. Please note that the 45 day review period will not commence until all required documents have been received.

1. 6 copies of design plan wet stamped by a Massachusetts Registered Professional Engineer or Registered Sanitarian ☐
- plans **must be folded** and the BOH file # **must appear on each plan** in the Title Block so it can be viewed without unfolding the plan.
2. Application for Disposal Works Construction Permit ☐
3. Copies of Completed soils testing logs (if not already on file) ☐
4. Application for Request for Plan Review ☐
5. Plan review Completeness Form ☐
6. Signed Property Owner Acknowledgement form ☐
7. Application for well site approval (new construction) ☐
8. Check(s) in appropriate amount made payable to Town of Millbury ☐
9. This form completely filled out. ☐

Millbury Permit number _____ (Obtained from Application for soils testing)

Project Location _____ Owner _____

PE/RS _____ Design Company _____

For Board of Health use only

Date of Submittal: _____

Application complete:

YES

☐

(Chapter 111 § 31E of the Annotated Laws of Massachusetts state that a Board of Health shall act upon a completed application for construction of an on-site sewage disposal system with 45 days from the date of the **filed completed** application.)

NO

☐

Application is not complete. The highlighted areas need to be submitted. This form will need to be resubmitted. 45 day review period has not begun.

IN THE EVENT OF AN INCOMPLETE APPLICATION PACKAGE THE BOARD OF HEALTH WILL NOT ACCEPT NOR HOLD PARTIAL SUBMITTALS. IT IS THE RESPONSIBILITY OF THE APPLICANT TO PICK-UP ALL DOCUMENTS AND TO RE-SUBMIT A COMPLETE PACKAGE.



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BOARD OF HEALTH

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

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

Application for a Permit to: Construct ☐ Repair ☐ Upgrade ☐ Abandon ☐

☐ Complete System

☐ Individual Components (check box) *SAS not included*

Septic Tank ☐

D-Box ☐

Pump Chamber ☐

Other ☐

explain _____

Location	Owner's Name
Map/Parcel #	Address
Lot #	Telephone #
Soil Evaluator	Design Engineer
Address	Address
Telephone #	Telephone #

Plan: Date _____ Number of sheets _____

Title of Plan: _____

Description of Repairs and/or Alterations: _____

For office use Only:

☐ Application Approved

Date Issued: _____ Board of Health : _____



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BOARD OF HEALTH

Millbury Permit # _____
(taken from Application for soils testing)

APPLICATION FOR REQUEST FOR PLAN REVIEW

FEES: Residential: \$225.00
Commercial \$350.00

DATE: _____

(Checks made payable to the Town of Millbury)
This fee covers the Initial Plan Review and a 1st Revision.
Subsequent reviews when necessary will be charged a fee of \$150.00 per review.

(Town of Millbury Plan Review Application Completeness Form must be submitted with this application)

I HEREBY MAKE REQUEST TO THE MILLBURY BOARD OF HEALTH FOR A PLAN REVIEW
OF A SUBSURFACE SEWAGE DISPOSAL SYSTEM LOCATED AT:

THE CURRENT OWNER OF THIS PROPERTY IS _____

DESIGN ENGINEERING COMPANY _____

AT COMPLETION OF PLAN REVIEW PLEASE CONTACT:

DESIGN ENGINEER NAME: _____

TELEPHONE #: _____

EMAIL ADDRESS: _____

Signature of Owner/Agent



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Millbury Permit # _____
(taken from Application for soils testing)

PLAN REVIEW APPLICATION COMPLETENESS FORM

THIS FORM **MUST** BE SUBMITTED WITH ALL PLANS (INCLUDING REVISIONS) TO COMPLETE THE APPLICATION PROCESS. ALL AREAS MUST BE FILLED OUT AND COMPLETE PRIOR TO SUBMITTAL. MISSING INFORMATION WILL RESULT IN APPLICATION REJECTION – NO REVIEW
ALL PLANS **MUST** BE FOLDED SEPERATELY FOR SUBMISSION

The town permit was given by the Board of Health at the time of soils testing. It is to be shown on all documents, letters etc.

1. SITE INFORMATION: Location: _____
(House number required)

Applicant/owner: _____

Date of plan: _____ Engineer: _____

2. TYPE OF PLAN: _____ New construction _____ Repair

1st Submittal: _____ YES _____ NO (if no then attach review sheet from prior review)

3. TYPE OF SYSTEM:

_____ Conventional System: Septic Tank, d-box, SAS

_____ Aggregate Free: Septic Tank, d-box, _____ Infiltrator system
_____ Cultec system

_____ Presby System (submit copy of Presby Certificate & all applicable Presby forms)

_____ Other (describe) _____
(attach DEP approval letters)

TOWN OF MILLBURY

BOARD OF HEALTH

PLAN REVIEW APPLICATION COMPLETENESS FORM

PAGE 2

4. UPGRADE/ VARIANCE REQUESTS: If not applicable check here: _____

Local Upgrades pursuant to 310CMR 15.401

_____ Letter requesting reason and application for upgrade

_____ DEP Form 9A submitted

Abutter notification (choose one)

_____ Local upgrade requiring abutter(s) notification –Public Hearing required
Note: Notification to abutters shall be provided at least 10 days prior to the Board of Health meeting where the hearing is to take place where the application is for the reduction in the setback from a property line or from a private water supply well.
Hearings will not be scheduled until septic plan is approved.

_____ Local upgrade not requiring abutter(s) notification.
The Board of Health may require a meeting to approve the upgrade request.
Hearings will not be scheduled until septic plan is approved.

Local variance requests

_____ Request to a **Local** bylaw or regulation.
Submit a letter stating the reason for not being able to comply with the Local Bylaw or regulation. Cite regulation number where variance is requested.
The Board of Health will require a meeting to approve the upgrade request.
Hearings will not be scheduled until septic plan is approved.

State variance requests pursuant to 310CMR 15.410

_____ State Variance requires all abutter(s) surrounding the property to be notified –Public Hearing required

_____ A letter is to be submitted with this review requesting the variance and reason for the variance.
Note: Notification to abutters shall be provided at least 10 days prior to the Board of Health meeting where the hearing is to take place.
Hearings will not be scheduled until septic plan is approved.



BOARD OF HEALTH

TOWN OF MILLBURY

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Property Owners Acknowledgement Form

The Board of Health would like to ensure that you as the property owner understand the procedures, timeframes and phases for the design, approval, installation and certification of an On-Site Sewage Disposal System (Septic System). Please read this form carefully and sign where indicated. This form will be submitted by your design professional along with plans and specifications for your septic system. If you have any questions please do not hesitate to contact this office.

DESIGN/APPROVAL PHASE

Since this form is being submitted with the design plans, soils testing (percolation and deephole testing) have already been performed. Your design professional will submit to the Board of Health the designed plans along with other required State and Local forms. Once that application has been deemed complete, the Board of Health has 45 days to review and act upon the submission. You should note that if a plan is not approved a new 45 day "clock" will start on re-submission of the plans. During this phase your design professional may need approval in the form of a variance or local-upgrade approval that will require a hearing before the Board of Health. In some cases your abutters may need to be notified. Once this process is complete your plan will be approved and you will be ready to install your septic system.

INSTALLATION PHASE

Once your system is approved. You will need to have it installed. You must hire a Septic System Installer who is Licensed in the town to install. Your Design Professional can help you with this choice. Once chosen the Installer will obtain a permit from the Board of Health to start construction. You should be aware that during inclement weather or the winter season, the installation of systems may be postponed or shut down until the weather conditions warrant. There will be a total of four inspections performed both by the Design Professional and the Board of Health. The Board of Health does a visual inspection only at this time, where the Design Professional will ensure that elevations and locations of the system are being installed in accordance with the approved design plan. The installer will not be allowed to proceed until they have heard from both the Design Professional and the Board of Health. Once the system has been fully constructed both the installer and Design Professional will certify to the installation of the system.

THE TOWN OF MILLBURY
PROPERTY OWNERS ACKNOWLEDGEMENT FORM
PAGE 2

CERTIFICATE OF COMPLIANCE PHASE

Upon completion of the installation both the Installer of the system and the Design Professional are required to submit "as-built" paperwork to the town. This paperwork states that both the Installer and Design Professional certify they have installed and inspected the Sewage Disposal System in accordance with the applicable design plans and specifications. Once all paperwork has been submitted and is found to be in order then a Certificate of Compliance (COC) will be issued.

This form is VERY important to you as it states that the septic system has been installed and is in compliance with all State and Local Regulations. This form will be needed for Tax purposes and will be valuable in the sale of your home.

Please understand at this point that it is your responsibility to ensure that your Design Professional and Licensed Installer submit all the required paperwork to the town. The Board of Health does not "chase after" paperwork but only act on paperwork that is submitted to our office.

Again if you have any questions about the procedures , process or any other aspects of the installation of a septic system, please do not hesitate to contact the Board of Health.

Property Owners please fill out and sign below:

Name of Property owner: _____

Cell Phone Number: _____

Location of Property: _____

Assessors Map and Parcel number: MAP _____ PARCEL _____

Signature of Property Owner _____ Date _____
(must be property owner - not an agent)

By my signature above I (the property owner) _____
print name

certify I have read the above-mentioned form as it pertains to the design and construction of the on-site Sewage Disposal System located at the above-mentioned property.



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BOARD OF HEALTH

Millbury Permit # _____
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ENGINEERING AS-BUILT CERTIFICATION FORM

LOCATION: _____

NAME OF APPLICANT/OWNER: _____

NAME OF INSTALLER: _____

EXCAVATION INSPECTION:

Date Performed: _____ By: _____

Measured Length & Width: _____

Designed: _____

As-Built: _____

Was the Bottom at the proper depth & Scarified? _____

COMPONENT INSPECTION:

Date Performed: _____ By: _____

Design Flow: _____ As-Built Flow: _____

Number of Bedrooms: _____ Number of Persons: _____

Other Design Flow: _____

BENCHMARK USED: _____ ELEV. _____

TOWN OF MILLBURY – ENGINEERING AS-BUILT FORM – PAGE 2

LOCATION: _____ **PERMIT #** _____

COMPONET	DESIGNED	AS-BUILT
INV. @ HOUSE		
INV. INTO TANK		
INV. OUT TANK		
TOP OF TANK		
INV. INTO PUMP CHAMBER (if applicable)		
INV. OUT PUMP CHAMBER (if applicable)		
TOP OF CHAMBER		
INV. INTO D-BOX		
INV. OUT D-BOX		
TOP OF D-BOX		

SEPTIC TANK:

SIZE: _____ GALLON INLET & OUTLET TEES INSTALLED? _____

LENGTH OF INLET TEE: _____ LENGTH OF OUTLET TEE: _____

WAS GAS BAFFLE INSTALLED? _____

WERE ADDITONAL UNUSED OUTLETS CEMENTED? _____

PUMP CHAMBER:

SIZE: _____ GALLON WAS DESIGN PUMP INSTALLED? _____

ARE THERE SEPARATE AUDIO & VISUAL ALARMS? _____

DISTRIBUTION BOX:

NO. OF OUTLETS: _____ ADDITIONAL UNUSED OUTLETS CEMENTED? _____

WAS TEE REQUIRED? _____ WAS IT INSTALLED? _____

TOWN OF MILLBURY – ENGINEERING AS-BUILT FORM – PAGE 3

SOIL ABSORPTION SYSTEM:

DESIGN FLOW: _____ ACTUAL FLOW: _____

TYPE OF SYSTEM: TRENCHES ____ FIELD ____ OTHER ____ (type) _____

TRENCHES: Number: _____ Length: _____ Width: _____ Total Square feet _____

FIELD: SIZE: Length _____ Width _____ Total Square feet _____

STONE: Used: _____ Not used: _____ (if not –type of system) _____

If used: Depth of stone: _____ Stone size: _____ Double washed: _____
(top of pipe –pea stone)

Depth of stone: _____ Stone size: _____ Double washed: _____
(under pipe)

	DESIGNED	AS-BUILT
BEGIN INV. Trench/Line 1		
BEGIN INV. Trench/Line 2		
BEGIN INV. Trench/Line 3		
BEGIN INV. Trench/Line 4		
BEGIN INV. Trench/Line 5		
BEGIN INV. Trench/Line 6		
END INV. Trench/Line 1		
END INV. Trench/Line 2		
END INV. Trench/Line 3		
END INV. Trench/Line 4		
END INV. Trench/Line 5		
END INV. Trench/Line 6		

TOWN OF MILLBURY – ENGINEERING AS-BUILT FORM – PAGE 4

LOCATION: _____ **PERMIT #** _____

FINAL COVER & GRADING INSPECTION:

Date Performed: _____ By: _____

BENCHMARK USED: _____ **ELEV.** _____

Spot Grade @ ground

	DESIGNED	AS-BUILT
@ House where pipe exits	_____	_____
@ Top of tank	_____	_____
@ Top of d-box	_____	_____
@ Top of system	_____	_____

SHOW AS-BUILT GRADING ON AS-BUILT PLAN IN RED INK

STABILIZATION INSPECTION:

Date Performed: _____ By: _____

Was the entire area stabilized? YES _____ NO _____

Method of stabilization: _____

Was site clear of all debris & trash? YES _____ NO _____

Were all slopes stabilized? YES _____ NO _____

WATER SUPPLY:

Lot serviced by: Town water _____ Domestic Well: _____ (distance from SAS)
(show location on as-built)

Are there any other wells/water supplies within 200' of the septic system? YES _____ NO _____

Are there any other septic systems within 200' of the well? YES _____ NO _____

If yes show location on as-built plan

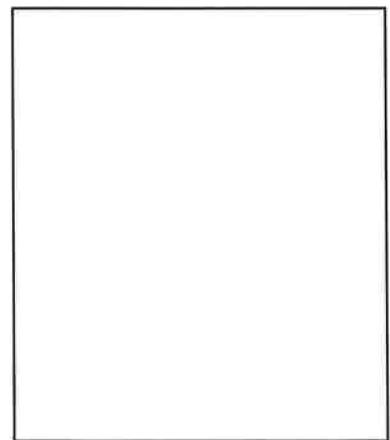
SKETCH PLAN:

Show swing ties from corners of house to all components:

***I CERTIFY THAT THE ABOVE INSTALLED SEPTIC SYSTEM HAS BEEN
INSPECTED AND IS IN ACCORDANCE WITH ALL STATE & LOCAL
REGULATIONS. ANY CHANGES FROM THE DESIGN PLAN HAVE BEEN
REFLECTED IN THE AS-BUILT DOCUMENTS.***

Signature of Design Engineer or Sanitarian Date

Professional Registration number: _____



STATE SEAL



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BOARD OF HEALTH

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

CERTIFICATE OF COMPLIANCE

**IT IS THE OWNERS/APPLICANTS RESPONSIBILITY TO SEE THAT HE OR SHE
HAS ALL SIGNATURES NECESSARY.**

THIS IS TO CERTIFY, that the individual Sewage Disposal System installed () or repaired ()

By _____ at _____

As owned by _____ has been constructed in accordance

With the provisions of Title 5 of the State Sanitary Code.

Approved plan designed by _____ Dated _____

* Signature of Design Engineer _____ Dated _____

* By my signature I _____ certify that the system has been installed as shown
print name
on the applicable design plan. Any changes to the design are reflected on the submitted as-built plan and
Engineers Certificate of Compliance. Three (3) copies of the as-built plan in red and Engineers COC
have been submitted.

** Signature of Licensed Installer _____ Dated _____

** By my signature above I (the licensed Installer) _____
print name
certify I have installed the Sewage Disposal System at the above-mentioned address in accordance with
the applicable design plans and specifications. Furthermore I take responsibility for all materials
used for construction of the system including but not limited to the fill material used in the system.

The licensed installer must sign this form in the presence of BOH staff with a valid form of Identification

BOH office use only

Signature of Agent for the Board of Health _____ Dated _____
(Visual Inspection Only)

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