

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

Linda Walsh, Interim Commissioner
1000 Commonwealth Avenue
Newton, MA 02459-1544

Telephone 617.796.1420 Fax 617.552.7063
TDD/TTY 617.796.1089



Public Health
Prevent. Promote. Protect.

updated 3/12

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Newton, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to: Construct (), Repair (), Upgrade (), Abandoned ()
and individual sewage disposal system at:

As described in the application for Disposal System Construction.

Permit No. _____, dated _____

Provided: Construction shall be completed within three years of the date of this permit.
All local conditions must be met.

Date: _____ Board of Health Agent _____

John McNally, BS, RS

Disposal system construction permit

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PLAN SPECIFICATION REVIEW APPLICATION

NAME: _____ TELEPHONE: _____

ADDRESS: _____

TYPE: POOL _____ SEPTIC SYSTEM _____ OTHER _____

SPECIFY OTHER: _____

OWNER: _____ TELEPHONE _____

PERSON SUBMITTING PLAN: _____ TELEPHONE _____

FOR OFFICE USE ONLY

DATE SUBMITTED: _____

FEE RECEIVED: _____

CHECK # _____ CASH _____

PERSON RECEIVING FEE: _____

COPY TO APPLICANT: _____