DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

Permission is hereby granted to:

Name __________________________ Name of Company __________________________

Address __________________________

City/Town __________________________ State __________________________ Zip Code __________________________

Facility Address __________________________

City/Town __________________________ State __________________________ Zip Code __________________________

Owner __________________________ Telephone Number __________________________

The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

All construction must be completed within three years of the date below.

Approved by __________________________ Date __________________________

Title __________________________