



CITY OF FRAMINGHAM
Public Health Department



Public Health
Prevent. Promote. Protect.

(508) 532-5470
health@framinghamma.gov
www.framinghamma.gov

MEMORIAL BUILDING
150 Concord Street, Room 205
Framingham, MA 01702

Septic System Plan Review Application

Complete the following application. Please print legibly. Incomplete application and missing documents may delay the review and permit process.

Date: _____

[] Construct New System (New Construction) [] Repair / Replace an Existing System (Upgrade)

Location of Property

Address: _____ Framingham, MA 0170 _____

Map / Parcel Number: _____ Lot Number: _____

Owner Information

Name of Owner: _____

Address: _____

Phone Number: _____ Email: _____

Designer Information

Name of Company: _____

Address: _____

Phone Number: _____

Name of Designer: _____

Phone Number: _____ Email: _____

Facility Information
Type of Building

[] Dwelling [] Other - Specify: _____ Number of Persons Served: _____

Number of Bedrooms: _____ Does the dwelling have a garbage grinder? [] Yes [] No

Showers: [] Yes [] No Number of Showers: _____ [] Cafeteria

[] Other Fixtures - Specify: _____ Lot Size: _____ ft²

Design Flow

Design Flow (minimum required): _____ GPD

Calculated Design Flow: _____ GPD

Design Flow Provided: _____ GPD

Plan Information

Title of Plan: _____ Number of Sheets: _____

Date of Original Plan: _____ Revision Date: _____ NA

Soil Information

Provide the following documents from the Soil Evaluator:

- ✓ **Form II – Soil Suitability Assessment for On-Site Sewage Disposal**
- ✓ **Form 12 – Percolation Test**

Statement: I, _____ agree to ensure the construction and maintenance of the afore described on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by the Framingham Public Health Department. Approval of this application does not guarantee a Certificate of Compliance will be issued. Only after the system has been inspected and the as built meets the plans as submitted, a Certificate of Compliance will be issued.

Signature: _____

Submit the Following:

- Completed Application
- Fee of \$300.00. Make check payable to "City of Framingham". Credit cards are not accepted at this time. **All fees are non-refundable.**
- Form II – Soil Suitability Assessment for On-Site Sewage Disposal
- Form 12 – Percolation Test

Note: Incomplete applications and missing documents may cause a delay in the plan review process. All fees are non-refundable

For Official Use Only

- Approves plan as submitted
- Approves plan as with the following conditions: _____
- Disapproves the plan as submitted – Reason(s): ** _____

****Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.**

Date Reviewed: _____ Reviewed By: _____ Title: Public Health Inspector