

Nashoba Associated Boards of Health

30 Central Avenue Ayer, MA 01432

(978) 772-3335 (800) 427-9762

- ☐ \$250.00-Application & Plan Review
- ☐ \$275.00-Application & Plan Review (if I/A technology use)
- ☐ \$350.00-Application & Plan Review/Perc Rate Exceeds 30 min/inch
(unless \$110 retesting fee previously paid)
- ☐ \$275.00-Permit Issue & System Inspection
- ☐ \$330.00-I/A Permit Issue & System Inspection
- ☐ \$165.00-Permit for Septic Tank, Sewer Line or D-box replacement
- ☐ \$150.00 Condo/HOA Documentation Review Fee

FEES LISTED ABOVE ARE FOR SYSTEMS LESS THAN 1000 GPD

CONSULT FEE SCHEDULE FOR LARGER SYSTEMS

Application for a Sewage Disposal Works Construction Permit

Town _____ Assessor's Map# _____ Parcel # _____

Street Location _____ Lot# _____

Directions to Property _____

- | New | Existing |
|--------------------------|-------------------------------------|
| ☐ | ☐ Dwelling |
| ☐ | ☐ Business |
| ☐ | ☐ Industrial |
| ☐ | ☐ Other |
| ☐ | ☐ Restaurant |

Number of Bedrooms _____

Number of Employees _____ Square Feet of Floor Space _____

Describe (Business) _____ Food Service ☐ yes ☐ no

Number of Seats _____ Food Service _____

Lot Size _____ Water Supply ☐ Town ☐ Well on Property ☐ Community Water Supply

Name of Engineer _____ Telephone _____

Please submit 2 copies of the Engineered Plan for this lot

Name of Owner _____ Telephone _____

Address _____ Town _____

***Applicant's Name (must be owner or prospective owner)** _____

Address _____ Town _____ Telephone _____

Daytime Telephone Number _____ ☐ Business ☐ Residence

Email Address: _____ (for use by this office/BOH offices for correspondence)

THE INFORMATION GIVEN ABOVE IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT

Date _____
Rev. 7/1/2026

Signature of Applicant _____

***NAME TO APPEAR ON PERMIT-The Owner/Applicant is aware of their requirements of the permit and approvals. There is a 15% processing charge on all refunds.**