



Sewer Connection Application

Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

**Form
H-1**

No._____

Fee Total:_____

The undersigned applies for permission to connect to:

Town of Acton Public Sewer

Flow of less the 549 GPD	\$155.00
Flow of 550 – 1,999 GPD	\$215.00
Flow of 2,000 – 5,999 GPD	\$385.00
Flow of 6,000 – 9,999 GPD	\$520.00

Private Treatment Plant

Flow of less the 549 GPD	\$115.00
Flow of 550 – 1,999 GPD	\$430.00
Flow of 2,000 – 5,999 GPD	\$1365.00
Flow of 6,000 – 9,999 GPD	\$2565.00

Tie-in to Shared System \$80.00

Trench Permit #:_____

And to construct a particular sewer from the property located at:

_____ (Number/Lot)

_____ (Street Name)

Current Permitted Flow (GPD)_____ Design Flow (GPD)_____

Licensed Drain Layer:

_____ Name

_____ Contact Number

_____ E-Mail Address

Trench Permit:_____

Abandonment of existing septic system

For all properties that have previously utilized an on-site septic disposal system, please state how the septic system will be abandoned.

- Septic Tank will be pumped entirely of its contents and excavated and removed from site.
- Septic Tank will be pumped entirely of its contents, the bottom will be ruptured or opened and completely filled with clean sand or other suitable material approved in writing by the Approving Authority.

The undersigned agrees to conform with all laws, rules and regulations, relating to sewers, now in force, or which may be adopted by the Town of Acton in relation thereto.

The undersigned further agrees to comply with all plumbing regulations, adopted by the Town of Acton and relating to sewers, and to provide access, at all reasonable hours, for purpose of inspection by authorized agents of the Town of Acton. All new services must be inspected by the Town of Acton, Health Department Agent.

Applicant's Signature _____ Date: _____

(or authorized representative)



Sewer Connection As-Built

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Public Health
Prevent. Promote. Protect.

The particular sewer laid by me under permit number _____ at the property located at _____ has been completed in accordance with the rules and regulations of the Town of Acton and has been inspected by an agent of the Acton Health Department. The following record of construction is accurate to the best of my knowledge and belief. I have been authorized by the owner of record to apply for permission to connect plumbing fixtures at this location with the common sewer.

As – Built

Record of Construction

Diameter of PVC or Sewer Pipe _____ inch

Type and Number of Cleanouts _____

Depth of Street Line _____ feet

Depth of Building Sewer _____

Particular sewer is at cellar grade _____ or is _____ feet above cellar floor
(yes or no)

Name of Business/Individual _____

By signing below, I hereby certify that the existing on-site wastewater treatment system was abandoned per 310 CMR 15.354, and that all of the information provided above is correct.

Signature _____ Date _____