



TOWN OF WESTON

Board of Health
11 Town House Road
P.O. Box 378
Weston, MA 02493

Tel: 781-786-5030
Fax: 781-786-5039

Fee: <u>\$ 175.00</u>	Cash ()
Check # _____	
Permit # <u>SEP-</u> _____	

APPLICATION DISPOSAL SYSTEM COMPONENT REPAIR, ABANDON OR RELOCATION

Application for a permit to **Repair** [] **Abandon** [] **Relocate** []

Address:	Installer's Name:
Assessor Map/Parcel#	Installer's Company:
Builder's Lot #	Installer's License #
Owner's Name:	Installer's Phone #
Owner's Address:	Installer's Fax #
Owner's Phone #	Installer's Email

Repair Activity: Repair Septic Tank ()
Repair Pump Chamber ()
Replace Pump ()
Replace Header Pipes ()

Replace Septic Tank ()
Replace Pump Chamber ()
Replace Distribution Box ()
Other _____

Abandon: Septic Tank ()

Cesspool () Other _____

Relocate: Septic Tank ()
Distribution Box ()

Pump Chamber ()
Header Pipes ()

Installer's Signature: _____

Date: _____

Board of Health Use Only:

Approved By: _____

Approval Date: _____

Expiration Date: _____