Commonwealth of Massachusetts
City/Town of Mendon

Local Upgrade Approval

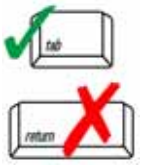
Form 9B

DEP has provided this form for use by local Boards of Health if they choose to do so.

The Local Upgrade Approval is to be completed by the local Board of Health and a signed copy provided to the system owner.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility Name and Address

Name

Street Address

City/Town | State | Zip Code

2. Owner Name and Address (if different from above):

Name | Street Address

City/Town | State

Zip Code | Telephone Number

3. Type of Facility (check all that apply):

☐ Residential ☐ Institutional ☐ Commercial ☐ School

4. Design flow per 310 CMR 15.203: _____ gpd

5. System Designer: _____ Name ☐ PE ☐ RS

Address | City/Town | State, ZIP

B. Approval

1. Local Upgrade Approval is granted for:

☐ Reduction in setback(s) – specify:

☐ Reduction in SAS area of up to 25%: _____ SAS size, sq. ft. _____ % reduction

Commonwealth of Massachusetts
City/Town of

Local Upgrade Approval

Form 9B

B. Approval (continued)

☐ Reduction in separation between the SAS and high groundwater:

Separation reduction _____ ft.

Percolation rate _____ min./inch

Depth to groundwater _____ ft.

☐ Relocation of water supply well (explain):

_____

_____

_____

☐ Reduction of 12-inch separation between inlet and outlet tees and high groundwater

☐ Use of only one deep hole in proposed disposal area

☐ Use of a sieve analysis as a substitute for a perc test

List local variances granted not requiring DEP approval per 310 CMR 15.412(4):

_____

_____

List variances granted requiring DEP approval:

_____

_____

_____
Approving Authority

_____	_____	_____
Print or Type Name and Title	Signature	Date