



TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

*Medway Town Hall
155 Village Street
Medway, MA 02053
Phone (508) 533-3253*

BOARD OF HEALTH

Title V Plan Review Application

Date: _____

Type of Application: ☐ New Construction ☐ Upgrade

Applicant:

Name: _____ Phone: _____

Address: _____ Email: _____

Location of Property:

Street Address: _____

Assessors Map # _____ Block# _____ Lot# _____

Property Owner:

Name: _____ Phone: _____

Address: _____ Email: _____

Designer:

Name: _____ Phone: _____

Address: _____ Email: _____

Facility Type: ☐ Dwelling ☐ Commercial ☐ Other (specify): _____

If a Dwelling: Number of Bedrooms: _____ Total Number of Rooms: _____

Design Flow: _____ GPD

Is this a scenic road? ☐ Yes ☐ No

Are there wetlands? ☐ Yes ☐ No

*If answered "yes" to these questions,
please see Conservation first.*

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 Medway Board of Health. 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.

Applicant Signature: _____

Submit the following:

- Completed Title V Plan Review Application. Incomplete applications and missing documents may delay the review and permitting process.
- Permit Fee- Make check payable to "Town of Medway"
 - \$350 for New System Design (new construction)
 - \$250 for System Repair with a New Plan
 - \$150 for Re-review of System Design
- Four (4) copies of the plan (with engineer's / sanitarian's stamp and signature).

Please note that a disposal system construction permit application must be submitted PRIOR to any work being completed.

For Official Use Only

- ☐ **Approved as submitted**
- ☐ **Approved as submitted with the following conditions:** _____

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- ☐ **Disapproved as submitted- Reason(s):** _____

Date reviewed: _____ **Reviewed by:** _____