



TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

*Medway Town Hall
155 Village Street
Medway, MA 02053
Phone (508) 533-3206*

BOARD OF HEALTH

Title V System Component Repair/ Replacement Application

Date: _____

Type of Application: ☐ Repair ☐ Replacement

☐ Component: _____

Applicant:

Name: _____ Phone: _____

Address: _____ Email: _____

Location of Property:

Street Address: _____

Assessors Map # _____ Block# _____ Lot# _____

Property Owner:

Name: _____ Phone: _____

Address: _____ Email: _____

Installer:

Name: _____ Phone: _____

Company: _____ Permit #: _____

Explanation of repair or replacement: _____

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. Approval of this application does not guarantee a Certificate of Compliance will be issued. Only after the system has been inspected a Certificate of Compliance will be issued.

Applicant Signature: _____

Submit the following:

- Completed Title V Component Repair/ Replacement Application. Incomplete applications and missing documents may delay the review and permitting process.
- Permit Fee- Make check payable to "Town of Medway"
 - \$150 for System Repair with Existing Plan or Small Component Repair

For Official Use Only

☐ **Approved as submitted**

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

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

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

Permit #: _____