



**TOWN OF MEDWAY**  
**COMMONWEALTH OF MASSACHUSETTS**

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

**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

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**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:** \_\_\_\_\_

**Permit #:** \_\_\_\_\_