

**TOWN OF MARSHFIELD
COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
MARSHFIELD, MA**

APPLICATION FOR LOCAL UPGRADE APPROVAL

Date _____

The undersigned hereby applies for a local upgrade approval for the required or voluntary upgrade of a failed or nonconforming system with a design flow below 10,000 g.p.d. in accordance with the terms and provisions of Title 5 310 CMR 15.402 – 15.405, as follows:

Location _____ Address _____
Owner _____ Address _____

Signature of Applicant _____

Approved:

Disapproved for following reason:

Date: _____

Note: 15.403(4) of Title 5 requires the system owner or operator to provide a copy of the local upgrade approval to the D.E.P. upon issuance by the Board of Health and before commencement of construction.

